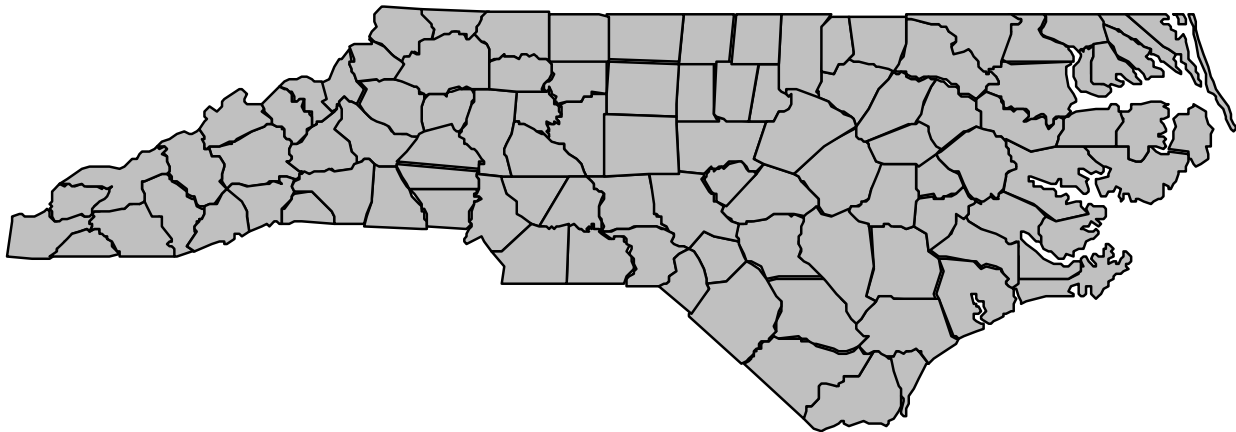


**North Carolina Department of Health and Human Services
Division of Mental Health, Developmental Disabilities,
and Substance Abuse Services**

**2006 - 2007 Performance Contract
With Local Management Entities**

**Second Quarter Report
October 1, 2006 - December 31, 2006**



Prepared by

Quality Management Team
Community Policy Management Section
Division of Mental Health, Developmental Disabilities, and Substance Abuse Services
North Carolina Department of Health and Human Services

February 2007



2006 - 2007 Performance Contract

Second Quarter Report

Table of Contents

| Introduction | <u>Page</u> |
|---|-------------|
| Background..... | 1 |
| Report Schedule | 2 |
| Summary of LME Clinical Performance Measures | 3 |
| Summary of LME System Management Performance Measures | 4 |
| Summary of LME Administration Performance Measures | 5 |
| Performance Requirements | |
| 1.1. General Administration and Governance | |
| 1.1.1. Local Business Plan Implementation | 6 |
| 1.2. Access, Triage, and Referral | |
| 1.2.1. Access to Emergent Care (Current Quarter Detailed Report) | 7 |
| 1.2.1. Access to Emergent Care (Year-to-Date Summary Report) | 8 |
| 1.2.2. Access to Urgent Care (Current Quarter Detailed Report) | 9 |
| 1.2.2. Access to Urgent Care (Year-to-Date Summary Report) | 10 |
| 1.2.3. Access to Routine Care (Current Quarter Detailed Report) | 11 |
| 1.2.3. Access to Routine Care (Year-to-Date Summary Report) | 12 |
| 1.2.4. Access Line | 13 |
| 1.3. Service Management | |
| 1.3.5. Transition To Community Services (Bed Day Allocations - Psychiatric Hospitals) | 14 |
| 1.3.5. Transition To Community Services (Bed Day Allocations - ADATCs) | 15 |
| 1.6. Quality Management and Outcomes Evaluation | |
| 1.6.3. Incident Reporting | 16 |
| 1.8. Information Management, Analysis, and Reporting | |
| 1.8.1. <u>System Monitoring:</u> | |
| 1.8.1.1. Quarterly Fiscal Monitoring Reports | 17 |
| 1.8.1.4. SAPTBG Compliance Report | 18 |
| 1.8.1.5. Substance Abuse/Juvenile Justice Initiative Quarterly Report | 19 |
| 1.8.1.6. Work First Initiative Quarterly Reports | 20 |
| 1.8.2. <u>Consumer Information:</u> | |
| 1.8.2.1. Client Data Warehouse (CDW) - Admissions | 21 |
| 1.8.2.3. Client Data Warehouse (CDW) - Unknown Data | 22 |
| 1.8.2.4. Client Data Warehouse (CDW) - Identifying and Demographic Records | 23 |
| 1.8.2.5. Client Data Warehouse (CDW) - Drug of Choice | 24 |
| 1.8.2.7. DD Client Outcome Inventory (DD COI)..... | 25 |
| 1.8.2.9. NC Treatment Outcomes and Program Performance System (Initial)..... | 26 |
| 1.8.2.10. NC Treatment Outcomes and Program Performance System (Update)..... | 27 |
| 1.8.2.13. NC Support Needs Assessment Profile (NC-SNAP) | 28 |

Introduction

Background

The development and implementation of the Performance Contract has been an evolutionary process. Prior to July 1999, the relationship between the Division of Mental Health, Developmental Disabilities, and Substance Abuse Services (DMH/DD/SAS) and the Area Authorities or County Programs was governed by a **Memorandum of Understanding** that both parties signed.

In July 1999, the DMH/DD/SAS and Area Authorities or County Programs implemented the SFY 1999-2000 **Performance Agreement** to replace the Memorandum Of Understanding. The creation of this agreement marked a significant change in the relationship between the Division and the Area Authorities and County Programs. The relationship evolved into a more businesslike association characterized by the clear statement of respective responsibilities and performance requirements geared toward major program outcomes. This shift demonstrated the Division's focus on greater accountability for the resources invested in the community-based mental health, developmental disabilities and substance abuse service system by the State and Federal governments.

In July 2003, the relationship further evolved and the NC Department of Health and Human Services (NC DHHS) replaced the Performance Agreement with a **Performance Contract** for SFY 2004-2007 reflecting the new management functions of Area Authorities and County Programs as they transformed into Local Management Entities (LMEs). LMEs were required to sign and implement this new Performance Contract within this three year period. During this transition period, Area Authorities and County Programs that were in an earlier phase of transformation and were not yet ready to become an LME continued to operate under the SFY 2003-2004 Performance Agreement. Correspondence to the Area Directors, dated October 26, 2004, provided details for this process. One of the LMEs (Piedmont) is operating under a Medicaid Waiver and has a separate performance contract with the Department.

Accordingly, on January 2005, 21 of the 33 LMEs that existed at the time implemented the SFY 2004-2007 Performance Contract. On July 1, 2005 (at the beginning of SFY 2005-2006), the number of LMEs that implemented the SFY 2004-2007 Performance Contract increased to 25, and several LMEs reorganized reducing the total number of LMEs to 30. An additional LME implemented the Performance Contract beginning with the third quarter of that year increasing the total to 26 participating LMEs that year.

State Fiscal Year 2006-2007

Beginning with the second quarter, all 29 LMEs (not including Piedmont) are subject to the SFY 2004-2007 Performance Contract.

The Performance Contract provides that the Division will publish the results of its monitoring in quarterly reports that present LME-specific performance data, comparisons to statewide data, and cross-LME comparisons.

This is the **Second Quarter Report** for SFY 2006-2007 under the SFY 2004-2007 Performance Contract. This report includes data on the performance requirements specified in Attachment III, System Performance, of the contract. Some requirements are tracked on a quarterly basis. Others are tracked on a semi-annual or annual basis. For reasons of economy, only those requirements with a report due in the current quarter are included in this report.

The tables on the following pages list the report schedule, the performance requirements and standards, and LME performance for the current state fiscal year under the SFY 2004-2007 Performance Contract.

Questions or Concerns

If officials of an LME have questions about any of the individual requirements reports or believe that information contained in this report is in error, they should contact their LME liaison within 30 days of the report date. The LME liaison will assist in getting answers to questions and/or having errors corrected. The Division will publish a revised report at the time of the next quarterly report if corrections are necessary due to Division errors.

2006 - 2007 Performance Contract Report Schedule

*The table below shows which requirements will be reported by quarter**

| Requirement | 1st Qtr Nov 15 | 2nd Qtr Feb 15 | 3rd Qtr May 15 | 4th Qtr Aug 15 |
|--|------------------------------------|-------------------|-------------------|-------------------|
| 1.1. General Administration and Governance | | | | |
| 1.1.1. Local Business Plan Implementation | X | X | X | X |
| 1.2. Access, Triage, and Referral | | | | |
| 1.2.1. Access to Emergent Care | X | X | X | X |
| 1.2.2. Access to Urgent Care | X | X | X | X |
| 1.2.3. Access to Routine Care | X | X | X | X |
| 1.2.4. Access Line | X | X | X | X |
| 1.3. Service Management | | | | |
| 1.3.1. Choice of Providers | This measure has been discontinued | | | |
| 1.3.2. Discharge Planning With State Operated Services | | | | X |
| 1.3.3. After-care Planning With State Operated Services | | | | X |
| 1.3.4. Compliance With Diversion Law NCGS 122C-261(f) | | | | X |
| 1.3.5. Transition To Community Services (Community Capacity Plan) - MH | | | | X |
| 1.3.5. Transition To Community Services (Community Capacity Plan) - DD | | | | X |
| 1.3.5. Transition To Community Services (Bed Day Allocations) | X | X | X | X |
| 1.4. Provider Relations and Support | | | | |
| 1.4.1. Proximity | This measure has been discontinued | | | |
| 1.4.2. SB 163 Provider Monitoring | This measure is being revised | | | |
| 1.5. Customer Services and Consumer Rights | | | | |
| 1.5.1. Consumer Rights: Proper Notice Of Appeal Rights | | | | X |
| 1.6. Quality Management and Outcomes Evaluation | | | | |
| 1.6.1. Quality Improvement Process | | | | X |
| 1.6.2. Incident Management | | | | X |
| 1.6.3. Incident Reporting | X | X | X | X |
| 1.7. Business Management and Accounting | | | | |
| 1.7.1. Accounting and Claims Adjudication | | | | X |
| 1.8. Information Management, Analysis, and Reporting | | | | |
| 1.8.1. <u>System Monitoring:</u> | | | | |
| 1.8.1.1. Quarterly Fiscal Monitoring Reports | X | X | X | X |
| 1.8.1.2. Cost Finding Report | This measure has been discontinued | | | |
| 1.8.1.3. Paybacks | This measure has been discontinued | | | |
| 1.8.1.4. SAPTBG Compliance Report | | X | | X |
| 1.8.1.5. Substance Abuse/Juvenile Justice Initiative Quarterly Report | X | X | X | X |
| 1.8.1.6. Work First Initiative Quarterly Reports | X | X | X | X |
| 1.8.2. <u>Consumer Information:</u> | | | | |
| 1.8.2.1. Client Data Warehouse (CDW) - Admissions | X | X | X | X |
| 1.8.2.2. Client Data Warehouse (CDW) - Missing Data | This measure has been discontinued | | | |
| 1.8.2.3. Client Data Warehouse (CDW) - Unknown Data | X | X | X | X |
| 1.8.2.4. Client Data Warehouse (CDW) - Identifying and Demographic Records | X | X | X | X |
| 1.8.2.5. Client Data Warehouse (CDW) - Drug of Choice | X | X | X | X |
| 1.8.2.7. DD Client Outcome Inventory (DD COI) | X | X | X | X |
| 1.8.2.9. NC Treatment Outcomes and Program Performance System (Initial) | X | X | X | X |
| 1.8.2.10. NC Treatment Outcomes and Program Performance System (Update) | X | X | X | X |
| 1.8.2.11. National Core Indicators (NCI) Consents and Pre-Surveys | | | X | |
| 1.8.2.13. NC Support Needs Assessment Profile (NC-SNAP) | X | X | X | X |
| 1.8.2.14. Consumer Satisfaction Survey (CSS) | | | X | |

*The dates listed for the quarterly reports are the scheduled dates for the Division to publish the Performance Contract Report. For this to happen, individual requirement reports are due to the Division's Report Contact/Requirement Sponsor by the 20th of the month following the end of the quarter, and the Report Contact/Requirement Sponsor's reports are due to the Division's Quality Management Team by the 30th of that month.

**2006 - 2007 Performance Contract
Second Quarter Report
October 1, 2006 - December 31, 2006**

Summary of LME Clinical Performance

| LME | Qtr | Percent Met (★ or ★★) | 1.2.1. Access to Emergent Care | 1.2.2. Access to Urgent Care | 1.2.3. Access to Routine Care | 1.2.4. Access Line |
|-----------------------------|-----|--------------------------|-----------------------------------|------------------------------|-------------------------------|--------------------|
| Alamance-Caswell-Rockingham | 2 | 75.0% | ★★ | ★★ | | ★★ |
| Albemarle | 2 | 50.0% | ★ | | | ★★ |
| Catawba | 2 | 75.0% | ★★ | ★ | | ★ |
| CenterPoint | 2 | 75.0% | ★ | ★ | | ★ |
| Crossroads | 2 | 75.0% | ★★ | ★ | | ★★ |
| Cumberland | 2 | 75.0% | ★★ | ★ | | ★★ |
| Durham | 2 | 75.0% | ★★ | ★ | | ★★ |
| Eastpointe | 2 | 50.0% | ★★ | | | ★★ |
| Edgecombe-Nash | 2 | 50.0% | ★★ | | | ★★ |
| Five County | 2 | 75.0% | ★★ | ★★ | | ★★ |
| Foothills | 2 | 75.0% | ★★ | ★ | | ★★ |
| Guilford | 2 | 75.0% | ★★ | ★ | | ★★ |
| Johnston | 2 | 75.0% | ★★ | ★★ | | ★★ |
| Mecklenburg | 2 | 100.0% | ★★ | ★ | ★ | ★★ |
| Neuse | 2 | 50.0% | ★★ | | | ★★ |
| New River | 2 | 75.0% | ★★ | ★ | | ★★ |
| Onslow-Carteret | 2 | 75.0% | ★★ | ★ | | ★★ |
| Orange-Person-Chatham | 2 | 50.0% | ★★ | | | ★★ |
| Pathways | 2 | 75.0% | ★★ | ★ | | ★★ |
| Pitt | 2 | 50.0% | ★★ | | | ★★ |
| Roanoke-Chowan | 2 | 50.0% | ★★ | | | ★★ |
| Sandhills Center | 2 | 50.0% | ★★ | | | ★★ |
| Smoky Mountain | 2 | 50.0% | ★ | | | ★★ |
| Southeastern Center | 2 | 50.0% | ★★ | | | ★★ |
| Southeastern Regional | 2 | 50.0% | ★★ | | | ★★ |
| Tideland | 2 | 25.0% | | | | ★★ |
| Wake | 2 | 75.0% | ★★ | ★ | | ★★ |
| Western Highlands | 2 | 75.0% | ★★ | ★ | | ★★ |
| Wilson-Greene | 2 | 50.0% | ★★ | | | ★★ |

| |
|--------------------------------------|
| Met Best Practice Standard Q2: ★★ |
| Met the SFY2007 Standard Q2: ★ |
| Total |

| | | | | |
|-------|-------------|-------------|-----------|--------------|
| 47.4% | 25 86.2% | 3 10.3% | 0 0.0% | 27 93.1% |
| 16.4% | 3 10.3% | 13 44.8% | 1 3.4% | 2 6.9% |
| 63.8% | 28 96.6% | 16 55.2% | 1 3.4% | 29 100.0% |

↑
Statewide average (for the four measures that were applicable this quarter) that met the current SFY or best practice standard.

Notes:

- ★ = Met the Current State Fiscal Year Performance Contract Standard. ★★ = Met the Best Practice Standard.
- The Percent Met column only includes measures where the performance standard is applicable this quarter. It does not include measures where the results are not available this quarter.
- Measures that are shaded gray are not applicable this quarter.

**2006 - 2007 Performance Contract
Second Quarter Report
October 1, 2006 - December 31, 2006**

Summary of LME System Management Performance

| LME | Qtr | System Management Percent Met ² (★ or ★★) | 1.3.5. Bed-Day Allocations - Psych Hospital - Adult Admissions | 1.3.5. Bed-Day Allocations - Psych Hospital - Adult Long-Term | 1.3.5. Bed-Day Allocations - Psych Hospital - Child/Adolescent | 1.3.5. Bed-Day Allocations - Psych Hospital - Geriatric | 1.3.5. Bed-Day Allocations - ADATC | 1.6.3. Incident Reporting |
|-----------------------------|-----|--|--|---|--|---|------------------------------------|---------------------------|
| Alamance-Caswell-Rockingham | 2 | N/A | << | << | << | << | << | ☆☆ |
| Albemarle | 2 | N/A | >> | > | >> | > | >> | ☆ |
| Catawba | 2 | N/A | >> | >> | > | << | > | ☆ |
| CenterPoint | 2 | N/A | >> | > | > | >> | << | ☆☆ |
| Crossroads | 2 | N/A | < | << | << | >> | << | ☆☆ |
| Cumberland | 2 | N/A | << | >> | >>> | >> | << | ☆☆ |
| Durham | 2 | N/A | << | << | << | >>> | << | ☆ |
| Eastpointe | 2 | N/A | < | << | >> | << | > | ☆☆ |
| Edgecombe-Nash | 2 | N/A | > | < | >>> | >> | << | ☆☆ |
| Five County | 2 | N/A | >> | >> | << | < | << | ☆☆ |
| Foothills | 2 | N/A | < | < | << | < | << | ☆☆ |
| Guilford | 2 | N/A | << | << | << | < | << | ☆☆ |
| Johnston | 2 | N/A | > | >>> | < | << | << | ☆☆ |
| Mecklenburg | 2 | N/A | > | < | >>> | >> | << | ☆☆ |
| Neuse | 2 | N/A | > | << | << | << | << | ☆☆ |
| New River | 2 | N/A | < | << | << | >>> | >> | ☆☆ |
| Onslow-Carteret | 2 | N/A | << | < | << | < | < | ☆☆ |
| Orange-Person-Chatham | 2 | N/A | > | << | < | > | << | ☆☆ |
| Pathways | 2 | N/A | < | >> | < | < | << | ☆☆ |
| Pitt | 2 | N/A | << | << | < | << | << | ☆☆ |
| Roanoke-Chowan | 2 | N/A | > | << | << | >> | << | ☆☆ |
| Sandhills Center | 2 | N/A | < | < | > | > | < | ☆☆ |
| Smoky Mountain | 2 | N/A | << | << | < | >> | << | ☆☆ |
| Southeastern Center | 2 | N/A | > | << | >> | >>> | << | ☆☆ |
| Southeastern Regional | 2 | N/A | < | >>> | > | > | << | ☆☆ |
| Tideland | 2 | N/A | << | << | >> | << | << | ☆☆ |
| Wake | 2 | N/A | > | < | > | > | << | ☆☆ |
| Western Highlands | 2 | N/A | < | > | << | >> | << | ☆☆ |
| Wilson-Greene | 2 | N/A | >> | << | < | << | << | ☆☆ |

| | | | | | | | |
|--------------------------------------|-----|--|--|--|--|--|--------------|
| Met Best Practice Standard Q2: ★★ | N/A | | | | | | 26 89.7% |
| Met the SFY2007 Standard Q2: ★ | N/A | | | | | | 3 10.3% |
| Total | N/A | | | | | | 29 100.0% |

Statewide average for the measures that were applicable this quarter that met the current SFY or best practice standard. No measures were applicable this quarter.

Notes:

- ★ = Met the Current State Fiscal Year Performance Contract Standard. ★★ = Met the Best Practice Standard.
☆ = On track for meeting the annual Current State Fiscal Year Standard. ☆☆ = On track for meeting the annual Best Practice Standard.
- The Percent Met column only includes measures where the performance standard is applicable this quarter. It does not include annual measures (e.g. bed-day allocations & incident reporting) for which final results will not be available until year-end.
- Measures that are shaded gray are not applicable this quarter.

Bed-Day Allocation Symbols (Applicable First 3 Quarters Only)

>>> YTD utilization has exceeded the annual allocation
>> YTD utilization is more than 10% above the YTD prorated allocation
> YTD utilization is less than 10% above the YTD prorated allocation
= YTD utilization is equal to the YTD prorated allocation
< YTD utilization is less than 10% below the YTD prorated allocation
<< YTD utilization is more than 10% below the YTD prorated allocation

**2006 - 2007 Performance Contract
Second Quarter Report
October 1, 2006 - December 31, 2006**

Summary of LME Administrative Performance

| LME | Qtr | Administration Percent Met ² (★ or ★★) | 1.1.1. Local Business Plan | 1.8.1. Quarterly Fiscal Monitoring Reports | 1.8.1.4. SAPTBG Compliance Reports | 1.8.1.5. SAJJU Initiative Quarterly Reports | 1.8.1.6. Work First Initiative Quarterly Reports | 1.8.2.3. CDW - Unknown Data | 1.8.2.4. CDW - Identifying and Demographic Records | 1.8.2.5. CDW - Drug of Choice | 1.8.2.7. DD COI | 1.8.2.9. NC TOPPS (Initial) | 1.8.2.10. NC TOPPS (Update) | 1.8.2.13. NC-SNAP |
|-----------------------------|-----|--|----------------------------|--|------------------------------------|---|--|-----------------------------|--|-------------------------------|-----------------|-----------------------------|-----------------------------|-------------------|
| Alamance-Caswell-Rockingham | 2 | 77.8% | ★★ | | ★★ | ★★ | ★ | ★★ | ★ | ★ | | | | ★★ |
| Albemarle | 2 | 70.0% | ★★ | | ★★ | ★★ | ★★ | ★★ | ★ | | | ★ | | ★★ |
| Catawba | 2 | 66.7% | ★★ | | ★★ | | ★★ | ★★ | ★ | ★ | | | | ★★ |
| CenterPoint | 2 | 70.0% | ★★ | | ★★ | ★★ | ★★ | ★★ | ★ | ★ | | | | ★★ |
| Crossroads | 2 | 66.7% | ★★ | | ★★ | | ★★ | ★★ | ★ | ★ | | | | ★ |
| Cumberland | 2 | 55.6% | ★★ | | | ★★ | ★ | ★ | ★★ | ★★ | | | | |
| Durham | 2 | 77.8% | ★★ | | ★★ | ★★ | ★★ | ★★ | ★ | ★★ | | | | ★ |
| Eastpointe | 2 | 33.3% | ★★ | | | ★★ | ★★ | ★ | | | | | | |
| Edgecombe-Nash | 2 | 44.4% | ★★ | | | | ★★ | ★ | ★ | | | | | ★★ |
| Five County | 2 | 40.0% | ★★ | | ★★ | ★★ | ★★ | | | | | | | ★★ |
| Foothills | 2 | 66.7% | ★★ | | | ★★ | ★★ | ★★ | ★ | ★★ | | | | ★ |
| Guilford | 2 | 66.7% | ★★ | | ★★ | ★★ | ★★ | ★★ | ★★ | ★★ | | | | |
| Johnston | 2 | 77.8% | ★★ | | ★★ | | ★ | ★★ | ★ | ★ | | ★ | | ★★ |
| Mecklenburg | 2 | 62.5% | ★★ | | ★★ | ★★ | ★ | ★ | | | | | | ★★ |
| Neuse | 2 | 80.0% | ★★ | | ★★ | ★★ | ★★ | ★ | ★ | ★ | | ★★ | | ★★ |
| New River | 2 | 62.5% | ★★ | | ★★ | | ★ | ★ | | ★ | | | | ★★ |
| Onslow-Carteret | 2 | 62.5% | ★★ | | ★★ | | ★★ | ★ | | ★ | | ★★ | | |
| Orange-Person-Chatham | 2 | 55.6% | ★★ | | ★★ | ★★ | | ★★ | | | | | | ★ |
| Pathways | 2 | 44.4% | ★★ | | | ★★ | ★ | ★ | | | | | | ★ |
| Pitt | 2 | 66.7% | ★★ | | ★★ | ★★ | ★ | | | | | | | ★★ |
| Roanoke-Chowan | 2 | 77.8% | ★★ | | ★★ | ★★ | ★★ | ★★ | ★★ | ★★ | | | | ★ |
| Sandhills Center | 2 | 60.0% | ★★ | | ★★ | ★★ | ★★ | ★ | ★ | ★ | | | | |
| Smoky Mountain | 2 | 42.9% | ★★ | | | | ★★ | ★ | ★ | | | | | |
| Southeastern Center | 2 | 50.0% | ★★ | | ★★ | ★★ | ★★ | ★ | | | | | | ★★ |
| Southeastern Regional | 2 | 66.7% | ★★ | | ★★ | ★★ | ★★ | ★★ | ★ | ★ | | | | |
| Tideland | 2 | 60.0% | ★★ | | ★★ | ★★ | ★★ | ★★ | ★ | ★ | | | | |
| Wake | 2 | 70.0% | ★★ | | ★★ | ★★ | ★★ | ★ | ★ | ★ | ★★ | | | |
| Western Highlands | 2 | 60.0% | ★★ | | | ★★ | ★★ | ★★ | ★ | ★ | | | | ★★ |
| Wilson-Greene | 2 | 50.0% | ★★ | | | | ★★ | ★ | ★ | ★ | | | | |

Because the due date for this report is after the end of the quarter, the Second Quarter's results will be provided in the Third Quarter SFY07 report.

| | | | | | | | | | | | | | |
|--------------------------------------|-------|--------------|-----------|-------------|--------------|-------------|-------------|-------------|-------------|-----------|------------|-----------|-------------|
| Met Best Practice Standard Q2: ★★ | 41.8% | 29 100.0% | 0 0.0% | 21 72.4% | 21 100.0% | 21 72.4% | 14 50.0% | 3 10.7% | 5 17.9% | 1 7.7% | 2 7.4% | 0 0.0% | 13 44.8% |
| Met the SFY2007 Standard Q2: ★ | 17.7% | 0 0.0% | 0 0.0% | 0 0.0% | 0 0.0% | 7 24.1% | 13 46.4% | 17 60.7% | 14 50.0% | 0 0.0% | 2 7.4% | 0 0.0% | 6 20.7% |
| Total | 61.7% | 29 100.0% | 0 0.0% | 21 72.4% | 21 100.0% | 28 96.6% | 27 96.4% | 20 71.4% | 19 67.9% | 1 7.7% | 4 14.8% | 0 0.0% | 19 65.5% |

Statewide average (for the 10 measures that were applicable this quarter) that met the current SFY or best practice standard.

Notes:

- ★ = Met the Current State Fiscal Year Performance Contract Standard. ★★ = Met the Best Practice Standard.
★ = On track for meeting the annual Current State Fiscal Year Standard. ★★ = On track for meeting the annual Best Practice Standard.
- Percent Met only includes measures where the performance standard is applicable this quarter. It does not include measures where the results are not available this quarter or annual measures (e.g. Work First) for which final results will not be available until year-end.
- Measures that are shaded gray are not applicable this quarter.

2006 - 2007 Performance Contract
Second Quarter Report
October 1, 2006 - December 31, 2006

General Administration and Governance.
1.1.1. Local Business Plan Implementation

Performance Requirement: LME submits a quarterly update report by the 30th day of the month following the end of each quarter. Reports shall be submitted on time, show evidence of Local Business Plan implementation and modification, and contain a signed statement by the Consumer and Family Advisory Council (CFAC) indicating it was given an opportunity to review and comment on the report and any modifications.

Best Practice Standard: 100% of reports are received by the due date, show evidence of implementation, and contain a signed CFAC statement.

SFY 2007 Standard: Same as Best Practice Standard.

| Local Management Entity | 1st Qtr Report (Due 10/30/06) | | | | 2nd Qtr Report (Due 1/30/07) | | | | 3rd Qtr Report (Due 4/30/07) | | | | 4th Qtr Report (Due 7/30/07) | | | |
|-----------------------------|----------------------------------|-------------------------|----------------|---------------------------|---------------------------------|-------------------------|----------------|---------------------------|---------------------------------|-------------------------|----------------|---------------------------|---------------------------------|-------------------------|----------------|---------------------------|
| | Date Received ¹ | Evidence Implementation | CFAC Statement | Standard Met ² | Date Received ¹ | Evidence Implementation | CFAC Statement | Standard Met ² | Date Received ¹ | Evidence Implementation | CFAC Statement | Standard Met ² | Date Received ¹ | Evidence Implementation | CFAC Statement | Standard Met ² |
| Alamance-Caswell-Rockingham | 10/30/06 | Yes | Yes | ★★ | 1/4/07 | Yes | Yes | ★★ | | | | | | | | |
| Albemarle | 10/25/06 | Yes | Yes | ★★ | 1/4/07 | Yes | Yes | ★★ | | | | | | | | |
| Catawba | 10/20/06 | Yes | Yes | ★★ | 1/4/07 | Yes | Yes | ★★ | | | | | | | | |
| CenterPoint | 10/24/06 | Yes | Yes | ★★ | 1/4/07 | Yes | Yes | ★★ | | | | | | | | |
| Crossroads | 10/25/06 | Yes | Yes | ★★ | 1/4/07 | Yes | Yes | ★★ | | | | | | | | |
| Cumberland | 10/24/06 | Yes | Yes | ★★ | 1/4/07 | Yes | Yes | ★★ | | | | | | | | |
| Durham | 10/24/06 | Yes | Yes | ★★ | 1/4/07 | Yes | Yes | ★★ | | | | | | | | |
| Eastpointe | 10/23/06 | Yes | Yes | ★★ | 1/4/07 | Yes | Yes | ★★ | | | | | | | | |
| Edgecombe-Nash | 10/23/06 | Yes | Yes | ★★ | 1/4/07 | Yes | Yes | ★★ | | | | | | | | |
| Five County | 10/9/06 | Yes | Yes | ★★ | 1/4/07 | Yes | Yes | ★★ | | | | | | | | |
| Foothills | 10/30/06 | Yes | Yes | ★★ | 1/4/07 | Yes | Yes | ★★ | | | | | | | | |
| Guilford | 10/10/06 | Yes | Yes | ★★ | 1/4/07 | Yes | Yes | ★★ | | | | | | | | |
| Johnston | 10/12/06 | Yes | Yes | ★★ | 1/4/07 | Yes | Yes | ★★ | | | | | | | | |
| Mecklenburg | 10/24/06 | Yes | Yes | ★★ | 1/4/07 | Yes | Yes | ★★ | | | | | | | | |
| Neuse | 10/9/06 | Yes | Yes | ★★ | 1/4/07 | Yes | Yes | ★★ | | | | | | | | |
| New River | 10/25/06 | Yes | Yes | ★★ | 1/4/07 | Yes | Yes | ★★ | | | | | | | | |
| Onslow-Carteret | 10/24/06 | Yes | Yes | ★★ | 1/4/07 | Yes | Yes | ★★ | | | | | | | | |
| Orange-Person-Chatham | 10/19/06 | Yes | Yes | ★★ | 1/4/07 | Yes | Yes | ★★ | | | | | | | | |
| Pathways | 10/30/06 | Yes | Yes | ★★ | 1/4/07 | Yes | Yes | ★★ | | | | | | | | |
| Pitt | 10/27/06 | Yes | Yes | ★★ | 1/4/07 | Yes | Yes | ★★ | | | | | | | | |
| Roanoke-Chowan | 10/9/06 | Yes | Yes | ★★ | 1/4/07 | Yes | Yes | ★★ | | | | | | | | |
| Sandhills Center | 10/9/06 | Yes | Yes | ★★ | 1/4/07 | Yes | Yes | ★★ | | | | | | | | |
| Smoky Mountain | 10/30/06 | Yes | Yes | ★★ | 1/4/07 | Yes | Yes | ★★ | | | | | | | | |
| Southeastern Center | 10/30/06 | Yes | Yes | ★★ | 1/4/07 | Yes | Yes | ★★ | | | | | | | | |
| Southeastern Regional | 10/27/06 | Yes | Yes | ★★ | 1/4/07 | Yes | Yes | ★★ | | | | | | | | |
| Tideland | 10/30/06 | Yes | Yes | ★★ | 1/4/07 | Yes | Yes | ★★ | | | | | | | | |
| Wake | 10/24/06 | Yes | Yes | ★★ | 1/4/07 | Yes | Yes | ★★ | | | | | | | | |
| Western Highlands | 10/30/06 | Yes | Yes | ★★ | 1/4/07 | Yes | Yes | ★★ | | | | | | | | |
| Wilson-Greene | 10/23/06 | Yes | Yes | ★★ | 1/4/07 | Yes | Yes | ★★ | | | | | | | | |

Number and Percent of LMEs that met the Best Practice Standard:

29 (100%)

29 (100%)

0 (0%)

0 (0%)

Notes:

- Dates that are shaded and in bold font indicate reports that are not received by the due date.
- ★ = Met the Current SFY Performance Contract Standard. ★★ = Met the Best Practice Standard.
- 2nd Quarter, Edgecombe-Nash and Wilson-Greene submitted a combined report.

2006 - 2007 Performance Contract
Second Quarter Report
October 1, 2006 - December 31, 2006

Access, Triage and Referral.
1.2.1. Access to Emergent Care (Current Quarter Detailed Report)

Performance Requirement: LME maintains a log for each request for service and submits a quarterly report by the 20th day of the month following the end of the quarter. Reports shall be submitted on time and show the number of persons requesting services, the number and percent that are determined to need emergent care, and the number and percent for which access was available within 2 hours of the request. Access is defined as having a qualified provider on the physical premises ready to provide immediate care as soon as the consumer is available to receive care.

Best Practice Standard: 100% of cases that are determined to need emergent care are provided access within 2 hours from the date/time of request.
SFY 2007 Standard: 85% of cases that are determined to need emergent care are provided access within 2 hours from the date/time of request.

| Local Management Entity | Date Report Received ¹ | # Persons Requesting Services | Emergent Care | | | | | | | | |
|-----------------------------|-----------------------------------|-------------------------------|--------------------|-------------------------------|-------------------------|------------------------------|---|------------------------------|---|---|----------------------|
| | | | Determined To Need | | Provided Within 2 Hours | | Access Available But Not Seen ² in 2 Hours | | Total Provided Access Within 2 Hours ³ | | |
| | | | # Persons | % Persons Requesting Services | # Persons | % Persons Determined To Need | # Persons | % Persons Determined To Need | # Persons | % Persons ⁴ Determined To Need | Met Std ⁵ |
| Alamance-Caswell-Rockingham | 1/19/07 | 1,193 | 356 | 29.8% | 349 | 98.0% | 7 | 2.0% | 356 | 100.0% | ★★ |
| Albemarle | 1/19/07 | 889 | 41 | 4.6% | 29 | 70.7% | 6 | 14.6% | 35 | 85.4% | ★ |
| Catawba | 1/19/07 | 2,174 | 49 | 2.3% | 49 | 100.0% | 0 | 0.0% | 49 | 100.0% | ★★ |
| CenterPoint | 1/17/07 | 3,483 | 906 | 26.0% | 886 | 97.8% | 18 | 2.0% | 904 | 99.8% | ★ |
| Crossroads | 1/8/07 | 1,684 | 216 | 12.8% | 213 | 98.6% | 3 | 1.4% | 216 | 100.0% | ★★ |
| Cumberland | 1/18/07 | 742 | 22 | 3.0% | 22 | 100.0% | 0 | 0.0% | 22 | 100.0% | ★★ |
| Durham | 1/17/07 | 1,721 | 278 | 16.2% | 278 | 100.0% | 0 | 0.0% | 278 | 100.0% | ★★ |
| Eastpointe | 1/18/07 | 935 | 21 | 2.2% | 21 | 100.0% | 0 | 0.0% | 21 | 100.0% | ★★ |
| Edgecombe-Nash | 1/18/07 | 376 | 9 | 2.4% | 9 | 100.0% | 0 | 0.0% | 9 | 100.0% | ★★ |
| Five County | 1/17/07 | 1,376 | 554 | 40.3% | 554 | 100.0% | 0 | 0.0% | 554 | 100.0% | ★★ |
| Foothills | 1/19/07 | 2,216 | 360 | 16.2% | 351 | 97.5% | 9 | 2.5% | 360 | 100.0% | ★★ |
| Guilford | 1/11/07 | 3,043 | 1,664 | 54.7% | 1,664 | 100.0% | 0 | 0.0% | 1,664 | 100.0% | ★★ |
| Johnston | 1/19/07 | 754 | 94 | 12.5% | 94 | 100.0% | 0 | 0.0% | 94 | 100.0% | ★★ |
| Mecklenburg | 1/19/07 | 1,634 | 392 | 24.0% | 392 | 100.0% | 0 | 0.0% | 392 | 100.0% | ★★ |
| Neuse | 1/17/07 | 382 | 31 | 8.1% | 30 | 96.8% | 1 | 3.2% | 31 | 100.0% | ★★ |
| New River | 2/7/07 | 750 | 43 | 5.7% | 36 | 83.7% | 7 | 16.3% | 43 | 100.0% | ★★ |
| Onslow-Carteret | 1/19/07 | 1,105 | 338 | 30.6% | 338 | 100.0% | 0 | 0.0% | 338 | 100.0% | ★★ |
| Orange-Person-Chatham | 1/23/07 | 548 | 22 | 4.0% | 22 | 100.0% | 0 | 0.0% | 22 | 100.0% | ★★ |
| Pathways | 1/19/07 | 2,308 | 396 | 17.2% | 394 | 99.5% | 2 | 0.5% | 396 | 100.0% | ★★ |
| Pitt | 1/19/07 | 333 | 2 | 0.6% | 2 | 100.0% | 0 | 0.0% | 2 | 100.0% | ★★ |
| Roanoke-Chowan | 1/17/07 | 974 | 80 | 8.2% | 80 | 100.0% | 0 | 0.0% | 80 | 100.0% | ★★ |
| Sandhills Center | 1/19/07 | 2,726 | 585 | 21.5% | 583 | 99.7% | 2 | 0.3% | 585 | 100.0% | ★★ |
| Smoky Mountain | 1/19/07 | 1,842 | 281 | 15.3% | 190 | 67.6% | 81 | 28.8% | 271 | 96.4% | ★ |
| Southeastern Center | 1/19/07 | 2,518 | 492 | 19.5% | 437 | 88.8% | 55 | 11.2% | 492 | 100.0% | ★★ |
| Southeastern Regional | 1/19/07 | 1,669 | 52 | 3.1% | 51 | 98.1% | 1 | 1.9% | 52 | 100.0% | ★★ |
| Tideland | 1/19/07 | 785 | 24 | 3.1% | 9 | 37.5% | 3 | 12.5% | 12 | 50.0% | |
| Wake | 1/20/07 | 1,842 | 388 | 21.1% | 326 | 84.0% | 62 | 16.0% | 388 | 100.0% | ★★ |
| Western Highlands | 1/19/07 | 1,740 | 255 | 14.7% | 255 | 100.0% | 0 | 0.0% | 255 | 100.0% | ★★ |
| Wilson-Greene | 1/18/07 | 656 | 78 | 11.9% | 78 | 100.0% | 0 | 0.0% | 78 | 100.0% | ★★ |
| Total | | 42,398 | 8,029 | 18.9% | 7,742 | 96.4% | 257 | 3.2% | 7,999 | 99.6% | ★ |

Number and Pct of LMEs that met the Best Practice Standard:

25 (86.2%)

Number and Pct of LMEs that met the SFY 2007 Standard:

3 (10.3%)

Total

28 (96.6%)

Notes:

- Dates that are shaded and in bold font indicate reports that are not received by the due date. Late reports are not counted in determining whether either standard was met.
- Access Available But Not Seen** is defined as a qualified provider was on the physical premises ready to provide immediate care as soon as the consumer was available to receive care, but a face-to-face service was not provided within 2 hours of the request for services because the consumer was not available within this time frame to receive it.
- Total Provided Access Within 2 Hours** includes consumers provided emergency care + consumers provided access but not seen within 2 hours of the request
- Percents that are less than 85% are shaded and in bold font.
- ★ = Met the Current SFY Performance Contract Standard. ★★ = Met the Best Practice Standard.

2006 - 2007 Performance Contract
Second Quarter Report
October 1, 2006 - December 31, 2006

Access, Triage and Referral.
1.2.1. Access to Emergent Care (Year-to-Date Summary Report)

Performance Requirement: LME maintains a log for each request for service and submits a quarterly report by the 20th day of the month following the end of each quarter. Reports shall be submitted on time and show the number of persons requesting services, the number and percent that are determined to need emergent care, and the number and percent for which access was available within 2 hours of the request. Access is defined as having a qualified provider on the physical premises ready to provide immediate care as soon as the consumer is available to receive care.

Best Practice Standard: 100% of cases that are determined to need emergent care are provided access within 2 hours from the date/time of request.
SFY 2007 Standard: 85% of cases that are determined to need emergent care are provided access within 2 hours from the date/time of request.

| Local Management Entity | 1st Quarter | | | | | | | 2nd Quarter | | | | | | | 3rd Quarter | | | | | | | 4th Quarter | | | | | | |
|-----------------------------|----------------------------------|-------------------------------|-----------------------------|-------|---------------------------------|--------|----------------------|--------------------------------|-------------------------------|-----------------------------|-------|---------------------------------|--------|----------------------|--------------------------------|-------------------------------|-----------------------------|---|---------------------------------|---|----------------------|--------------------------------|-------------------------------|-----------------------------|---|---------------------------------|---|----------------------|
| | Date Report Rec'd ¹ | # Persons Requesting Services | Determined to Need Emergent | | Access Available Within 2 Hours | | | Date Report Rec'd ¹ | # Persons Requesting Services | Determined to Need Emergent | | Access Available Within 2 Hours | | | Date Report Rec'd ¹ | # Persons Requesting Services | Determined to Need Emergent | | Access Available Within 2 Hours | | | Date Report Rec'd ¹ | # Persons Requesting Services | Determined to Need Emergent | | Access Available Within 2 Hours | | |
| | | | # | % | # | % | Met Std ² | | | # | % | # | % | Met Std ² | | | # | % | # | % | Met Std ² | | | # | % | # | % | Met Std ² |
| Alamance-Caswell-Rockingham | 10/20/06 | 1,629 | 403 | 24.7% | 403 | 100.0% | ★★ | 1/19/07 | 1,193 | 356 | 29.8% | 356 | 100.0% | ★★ | | | | | | | | | | | | | | |
| Albemarle | 10/23/06 | 1,325 | 92 | 6.9% | 83 | 90.2% | ★ | 1/19/07 | 889 | 41 | 4.6% | 35 | 85.4% | ★ | | | | | | | | | | | | | | |
| Catawba | 10/19/06 | 1,967 | 44 | 2.2% | 44 | 100.0% | ★★ | 1/19/07 | 2,174 | 49 | 2.3% | 49 | 100.0% | ★★ | | | | | | | | | | | | | | |
| CenterPoint | 10/13/06 | 3,466 | 1,005 | 29.0% | 1,004 | 99.9% | ★ | 1/17/07 | 3,483 | 906 | 26.0% | 904 | 99.8% | ★ | | | | | | | | | | | | | | |
| Crossroads | 10/16/06 | 1,710 | 193 | 11.3% | 193 | 100.0% | ★★ | 1/8/07 | 1,684 | 216 | 12.8% | 216 | 100.0% | ★★ | | | | | | | | | | | | | | |
| Cumberland | 10/19/06 | 952 | 39 | 4.1% | 39 | 100.0% | ★★ | 1/18/07 | 742 | 22 | 3.0% | 22 | 100.0% | ★★ | | | | | | | | | | | | | | |
| Durham | 10/18/06 | 2,013 | 251 | 12.5% | 251 | 100.0% | ★★ | 1/17/07 | 1,721 | 278 | 16.2% | 278 | 100.0% | ★★ | | | | | | | | | | | | | | |
| Eastpointe | 10/20/06 | 1,185 | 53 | 4.5% | 53 | 100.0% | ★★ | 1/18/07 | 935 | 21 | 2.2% | 21 | 100.0% | ★★ | | | | | | | | | | | | | | |
| Edgecombe-Nash | Subject to Performance Agreement | | | | | | | 1/18/07 | 376 | 9 | 2.4% | 9 | 100.0% | ★★ | | | | | | | | | | | | | | |
| Five County | 10/16/06 | 1,456 | 646 | 44.4% | 646 | 100.0% | ★★ | 1/17/07 | 1,376 | 554 | 40.3% | 554 | 100.0% | ★★ | | | | | | | | | | | | | | |
| Foothills | 10/20/06 | 2,065 | 395 | 19.1% | 395 | 100.0% | ★★ | 1/19/07 | 2,216 | 360 | 16.2% | 360 | 100.0% | ★★ | | | | | | | | | | | | | | |
| Guilford | 10/12/06 | 3,226 | 1,712 | 53.1% | 1,712 | 100.0% | ★★ | 1/11/07 | 3,043 | 1,664 | 54.7% | 1,664 | 100.0% | ★★ | | | | | | | | | | | | | | |
| Johnston | 10/20/06 | 627 | 70 | 11.2% | 70 | 100.0% | ★★ | 1/19/07 | 754 | 94 | 12.5% | 94 | 100.0% | ★★ | | | | | | | | | | | | | | |
| Mecklenburg | 10/17/06 | 1,729 | 23 | 1.3% | 23 | 100.0% | ★★ | 1/19/07 | 1,634 | 392 | 24.0% | 392 | 100.0% | ★★ | | | | | | | | | | | | | | |
| Neuse | 10/16/06 | 649 | 24 | 3.7% | 24 | 100.0% | ★★ | 1/17/07 | 382 | 31 | 8.1% | 31 | 100.0% | ★★ | | | | | | | | | | | | | | |
| New River | 10/20/06 | 2,020 | 100 | 5.0% | 100 | 100.0% | ★★ | 2/7/07 | 750 | 43 | 5.7% | 43 | 100.0% | ★★ | | | | | | | | | | | | | | |
| Onslow-Carteret | 10/31/06 | 1,211 | 377 | 31.1% | 377 | 100.0% | ★★ | 1/19/07 | 1,105 | 338 | 30.6% | 338 | 100.0% | ★★ | | | | | | | | | | | | | | |
| Orange-Person-Chatham | 10/20/06 | 663 | 115 | 17.3% | 115 | 100.0% | ★★ | 1/23/07 | 548 | 22 | 4.0% | 22 | 100.0% | ★★ | | | | | | | | | | | | | | |
| Pathways | 10/19/06 | 1,991 | 292 | 14.7% | 284 | 97.3% | ★ | 1/19/07 | 2,308 | 396 | 17.2% | 396 | 100.0% | ★★ | | | | | | | | | | | | | | |
| Pitt | 10/19/06 | 403 | 5 | 1.2% | 5 | 100.0% | ★★ | 1/19/07 | 333 | 2 | 0.6% | 2 | 100.0% | ★★ | | | | | | | | | | | | | | |
| Roanoke-Chowan | 10/19/06 | 974 | 53 | 5.4% | 53 | 100.0% | ★★ | 1/17/07 | 974 | 80 | 8.2% | 80 | 100.0% | ★★ | | | | | | | | | | | | | | |
| Sandhills Center | 10/20/06 | 2,770 | 507 | 18.3% | 507 | 100.0% | ★★ | 1/19/07 | 2,726 | 585 | 21.5% | 585 | 100.0% | ★★ | | | | | | | | | | | | | | |
| Smoky Mountain | 10/18/06 | 1,594 | 285 | 17.9% | 285 | 100.0% | ★★ | 1/19/07 | 1,842 | 281 | 15.3% | 271 | 96.4% | ★ | | | | | | | | | | | | | | |
| Southeastern Center | 10/20/06 | 2,512 | 762 | 30.3% | 762 | 100.0% | ★★ | 1/19/07 | 2,518 | 492 | 19.5% | 492 | 100.0% | ★★ | | | | | | | | | | | | | | |
| Southeastern Regional | 10/19/06 | 1,117 | 44 | 3.9% | 44 | 100.0% | ★★ | 1/19/07 | 1,669 | 52 | 3.1% | 52 | 100.0% | ★★ | | | | | | | | | | | | | | |
| Tideland | Subject to Performance Agreement | | | | | | | 1/19/07 | 785 | 24 | 3.1% | 12 | 50.0% | | | | | | | | | | | | | | | |
| Wake | 10/20/06 | 1,786 | 319 | 17.9% | 319 | 100.0% | ★★ | 1/20/07 | 1,842 | 388 | 21.1% | 388 | 100.0% | ★★ | | | | | | | | | | | | | | |
| Western Highlands | 10/16/06 | 1,719 | 244 | 14.2% | 244 | 100.0% | ★★ | 1/19/07 | 1,740 | 255 | 14.7% | 255 | 100.0% | ★★ | | | | | | | | | | | | | | |
| Wilson-Greene | Subject to Performance Agreement | | | | | | | 1/18/07 | 656 | 78 | 11.9% | 78 | 100.0% | ★★ | | | | | | | | | | | | | | |
| Totals | | 42,759 | 8,053 | 18.8% | 8,035 | 99.8% | ★ | | 42,398 | 8,029 | 18.9% | 7,999 | 99.6% | ★ | | | | | | | | | | | | | | |

Number and Pct of LMEs that met the Best Practice Standard:

23 (88.5%)

25 (86.2%)

0 (0%)

0 (0%)

Number and Pct of LMEs that met the SFY 2007 Standard:

3 (11.5%)

3 (10.3%)

0 (0%)

0 (0%)

Total

26 (100%)

28 (96.6%)

0 (0%)

0 (0%)

Notes:

- Dates that are shaded and in bold font indicate reports that are not received by the due date. Late reports are not counted in determining whether either standard was met.
- ★ = Met the Current SFY Performance Contract Standard. ★★ = Met the Best Practice Standard.

2006 - 2007 Performance Contract
Second Quarter Report
October 1, 2006 - December 31, 2006

Access, Triage and Referral.
1.2.2. Access to Urgent Care (Current Quarter Detailed Report)

Performance Requirement: LME maintains a log for each request for service and submits a quarterly report by the 20th day of the month following the end of each quarter. Reports shall be submitted on time and show the number of persons requesting services, the number and percent that are determined to need urgent care, and the number and percent for which a face-to-face service (assessment and/or treatment) is provided within 48 hours of the request.

Best Practice Standard: 100% of cases that are determined to need urgent care are provided a face-to-face service (assessment and/or treatment) within 48 hours from the date/time of request.

SFY 2007 Standard: 85% of cases that are determined to need urgent care are provided a face-to-face service (assessment and/or treatment) within 48 hours from the date/time of request.

| Local Management Entity | Date Report Received¹ | # Persons Requesting Services | Urgent Care | | | | | | | | | % Provided Access Including Declined + No Show |
|-----------------------------|-----------------------|-------------------------------|--------------------|-------------------------------|--------------------------|-------------------------------|----------|-----------------------|------------------------------|---------------------|------------------------------|--|
| | | | Determined To Need | | Provided Within 48 Hours | | | Offered But Declined² | | Scheduled - No Show | | |
| | | | # Persons | % Persons Requesting Services | # Persons | % Persons³ Determined To Need | Met Std⁴ | # Persons | % Persons Determined To Need | # Persons | % Persons Determined To Need | |
| Alamance-Caswell-Rockingham | 1/19/07 | 1,193 | 12 | 1.0% | 12 | 100.0% | ★★ | 0 | 0.0% | 0 | 0.0% | 100.0% |
| Albemarle | 1/19/07 | 889 | 308 | 34.6% | 252 | 81.8% | | 19 | 6.2% | 20 | 6.5% | 94.5% |
| Catawba | 1/19/07 | 2,174 | 44 | 2.0% | 43 | 97.7% | ★ | 0 | 0.0% | 1 | 2.3% | 100.0% |
| CenterPoint | 1/17/07 | 3,483 | 143 | 4.1% | 133 | 93.0% | ★ | 4 | 2.8% | 6 | 4.2% | 100.0% |
| Crossroads | 1/8/07 | 1,684 | 178 | 10.6% | 172 | 96.6% | ★ | 4 | 2.2% | 2 | 1.1% | 100.0% |
| Cumberland | 1/18/07 | 742 | 121 | 16.3% | 106 | 87.6% | ★ | 8 | 6.6% | 7 | 5.8% | 100.0% |
| Durham | 1/17/07 | 1,721 | 677 | 39.3% | 577 | 85.2% | ★ | 4 | 0.6% | 68 | 10.0% | 95.9% |
| Eastpointe | 1/18/07 | 935 | 95 | 10.2% | 75 | 78.9% | | 1 | 1.1% | 19 | 20.0% | 100.0% |
| Edgecombe-Nash | 1/18/07 | 376 | 71 | 18.9% | 25 | 35.2% | | 0 | 0.0% | 42 | 59.2% | 94.4% |
| Five County | 1/17/07 | 1,376 | 33 | 2.4% | 33 | 100.0% | ★★ | 0 | 0.0% | 0 | 0.0% | 100.0% |
| Foothills | 1/19/07 | 2,216 | 142 | 6.4% | 131 | 92.3% | ★ | 11 | 7.7% | 0 | 0.0% | 100.0% |
| Guilford | 1/11/07 | 3,043 | 134 | 4.4% | 131 | 97.8% | ★ | 3 | 2.2% | 0 | 0.0% | 100.0% |
| Johnston | 1/19/07 | 754 | 53 | 7.0% | 53 | 100.0% | ★★ | 0 | 0.0% | 0 | 0.0% | 100.0% |
| Mecklenburg | 1/19/07 | 1,634 | 591 | 36.2% | 584 | 98.8% | ★ | 0 | 0.0% | 7 | 1.2% | 100.0% |
| Neuse | 1/17/07 | 382 | 45 | 11.8% | 33 | 73.3% | | 5 | 11.1% | 7 | 15.6% | 100.0% |
| New River | 2/7/07 | 750 | 161 | 21.5% | 140 | 87.0% | ★ | 9 | 5.6% | 12 | 7.5% | 100.0% |
| Onslow-Carteret | 1/19/07 | 1,105 | 170 | 15.4% | 163 | 95.9% | ★ | 1 | 0.6% | 6 | 3.5% | 100.0% |
| Orange-Person-Chatham | 1/23/07 | 548 | 22 | 4.0% | 14 | 63.6% | | 5 | 22.7% | 3 | 13.6% | 100.0% |
| Pathways | 1/19/07 | 2,308 | 335 | 14.5% | 314 | 93.7% | ★ | 12 | 3.6% | 9 | 2.7% | 100.0% |
| Pitt | 1/19/07 | 333 | 6 | 1.8% | 4 | 66.7% | | 1 | 16.7% | 1 | 16.7% | 100.0% |
| Roanoke-Chowan | 1/17/07 | 974 | 99 | 10.2% | 64 | 64.6% | | 35 | 35.4% | 0 | 0.0% | 100.0% |
| Sandhills Center | 1/19/07 | 2,726 | 367 | 13.5% | 285 | 77.7% | | 31 | 8.4% | 51 | 13.9% | 100.0% |
| Smoky Mountain | 1/19/07 | 1,842 | 191 | 10.4% | 138 | 72.3% | | 23 | 12.0% | 30 | 15.7% | 100.0% |
| Southeastern Center | 1/19/07 | 2,518 | 757 | 30.1% | 351 | 46.4% | | 21 | 2.8% | 322 | 42.5% | 91.7% |
| Southeastern Regional | 1/19/07 | 1,669 | 332 | 19.9% | 220 | 66.3% | | 67 | 20.2% | 45 | 13.6% | 100.0% |
| Tideland | 1/19/07 | 785 | 157 | 20.0% | 50 | 31.8% | | 36 | 22.9% | 1 | 0.6% | 55.4% |
| Wake | 1/20/07 | 1,842 | 337 | 18.3% | 330 | 97.9% | ★ | 5 | 1.5% | 2 | 0.6% | 100.0% |
| Western Highlands | 1/19/07 | 1,740 | 248 | 14.3% | 220 | 88.7% | ★ | 19 | 7.7% | 9 | 3.6% | 100.0% |
| Wilson-Greene | 1/18/07 | 656 | 87 | 13.3% | 30 | 34.5% | | 0 | 0.0% | 52 | 59.8% | 94.3% |
| Total | | 42,398 | 5,916 | 14.0% | 4,683 | 79.2% | | 324 | 5.5% | 722 | 12.2% | 96.8% |

Number and Pct of LMEs that met the Best Practice Standard:

3 (10.3%)

Number and Pct of LMEs that met the SFY 2007 Standard:

13 (44.8%)

Total

16 (55.2%)

Notes:

- Dates that are shaded and in bold font indicate reports that are not received by the due date. Late reports are not counted in determining whether either standard was met.
- Offered But Declined includes consumers that were offered an appointment within the target time frame but declined for personal convenience or necessity and requested a later appointment; or were scheduled for an appointment within the target time frame but called and rescheduled it to a later time.
- Percents that are less than 85% are shaded and in bold font.
- ★ = Met the Current SFY Performance Contract Standard. ★★ = Met the Best Practice Standard.
- If the number of persons determined to need this level of care equals "0", the performance standard will not apply and the "Met Std" will be grayed out.

2006 - 2007 Performance Contract
Second Quarter Report
October 1, 2006 - December 31, 2006

Access, Triage and Referral.
1.2.2. Access to Urgent Care (Year-to-Date Summary Report)

Performance Requirement: LME maintains a log for each request for service and submits a quarterly report by the 20th day of the month following the end of each quarter. Reports shall be submitted on time and show the number of persons requesting services, the number and percent that are determined to need urgent care, and the number and percent for which a face-to-face service (assessment and/or treatment) is provided within 48 hours of the request.

Best Practice Standard: 100% of cases that are determined to need urgent care are provided a face-to-face service (assessment and/or treatment) within 48 hours from the date/time of request.

SFY 2007 Standard: 85% of cases that are determined to need urgent care are provided a face-to-face service (assessment and/or treatment) within 48 hours from the date/time of request.

| Area Authority/ County Program | 1st Quarter | | | | | | | 2nd Quarter | | | | | | | 3rd Quarter | | | | | | | 4th Quarter | | | | | | |
|-----------------------------------|----------------------------------|-------------------------------------|------------------------------|-------|--------------------------|--------|----------|-----------------------|-------------------------------------|------------------------------|-------|--------------------------|--------|----------|-----------------------|-------------------------------------|------------------------------|---|--------------------------|---|----------|-----------------------|-------------------------------------|------------------------------|---|--------------------------|---|----------|
| | Date Report Rec'd¹ | # Persons Requesting Services | Determined to Need Urgent | | Provided Within 48 Hours | | | Date Report Rec'd¹ | # Persons Requesting Services | Determined to Need Urgent | | Provided Within 48 Hours | | | Date Report Rec'd¹ | # Persons Requesting Services | Determined to Need Urgent | | Provided Within 48 Hours | | | Date Report Rec'd¹ | # Persons Requesting Services | Determined to Need Urgent | | Provided Within 48 Hours | | |
| | | | # | % | # | % | Met Std² | | | # | % | # | % | Met Std² | | | # | % | # | % | Met Std² | | | # | % | # | % | Met Std² |
| Alamance-Caswell-Rockingham | 10/20/06 | 1,629 | 31 | 1.9% | 31 | 100.0% | ★★ | 1/19/07 | 1,193 | 12 | 1.0% | 12 | 100.0% | ★★ | | | | | | | | | | | | | | |
| Albemarle | 10/23/06 | 1,325 | 300 | 22.6% | 237 | 79.0% | | 1/19/07 | 889 | 308 | 34.6% | 252 | 81.8% | | | | | | | | | | | | | | | |
| Catawba | 10/19/06 | 1,967 | 35 | 1.8% | 35 | 100.0% | ★★ | 1/19/07 | 2,174 | 44 | 2.0% | 43 | 97.7% | ★ | | | | | | | | | | | | | | |
| CenterPoint | 10/13/06 | 3,466 | 196 | 5.7% | 176 | 89.8% | ★ | 1/17/07 | 3,483 | 143 | 4.1% | 133 | 93.0% | ★ | | | | | | | | | | | | | | |
| Crossroads | 10/16/06 | 1,710 | 109 | 6.4% | 106 | 97.2% | ★ | 1/8/07 | 1,684 | 178 | 10.6% | 172 | 96.6% | ★ | | | | | | | | | | | | | | |
| Cumberland | 10/19/06 | 952 | 149 | 15.7% | 123 | 82.6% | | 1/18/07 | 742 | 121 | 16.3% | 106 | 87.6% | ★ | | | | | | | | | | | | | | |
| Durham | 10/18/06 | 2,013 | 931 | 46.2% | 709 | 76.2% | | 1/17/07 | 1,721 | 677 | 39.3% | 577 | 85.2% | ★ | | | | | | | | | | | | | | |
| Eastpointe | 10/20/06 | 1,185 | 54 | 4.6% | 22 | 40.7% | | 1/18/07 | 935 | 95 | 10.2% | 75 | 78.9% | | | | | | | | | | | | | | | |
| Edgecombe-Nash | Subject to Performance Agreement | | | | | | | 1/18/07 | 376 | 71 | 18.9% | 25 | 35.2% | | | | | | | | | | | | | | | |
| Five County | 10/16/06 | 1,456 | 44 | 3.0% | 43 | 97.7% | ★ | 1/17/07 | 1,376 | 33 | 2.4% | 33 | 100.0% | ★★ | | | | | | | | | | | | | | |
| Foothills | 10/20/06 | 2,065 | 120 | 5.8% | 120 | 100.0% | ★★ | 1/19/07 | 2,216 | 142 | 6.4% | 131 | 92.3% | ★ | | | | | | | | | | | | | | |
| Guilford | 10/12/06 | 3,226 | 156 | 4.8% | 156 | 100.0% | ★★ | 1/11/07 | 3,043 | 134 | 4.4% | 131 | 97.8% | ★ | | | | | | | | | | | | | | |
| Johnston | 10/20/06 | 627 | 47 | 7.5% | 47 | 100.0% | ★★ | 1/19/07 | 754 | 53 | 7.0% | 53 | 100.0% | ★★ | | | | | | | | | | | | | | |
| Mecklenburg | 10/17/06 | 1,729 | 876 | 50.7% | 837 | 95.5% | ★ | 1/19/07 | 1,634 | 591 | 36.2% | 584 | 98.8% | ★ | | | | | | | | | | | | | | |
| Neuse | 10/16/06 | 649 | 45 | 6.9% | 45 | 100.0% | ★★ | 1/17/07 | 382 | 45 | 11.8% | 33 | 73.3% | | | | | | | | | | | | | | | |
| New River | 10/20/06 | 2,020 | 402 | 19.9% | 393 | 97.8% | ★ | 2/7/07 | 750 | 161 | 21.5% | 140 | 87.0% | ★ | | | | | | | | | | | | | | |
| Onslow-Carteret | 10/31/06 | 1,211 | 455 | 37.6% | 450 | 98.9% | ★ | 1/19/07 | 1,105 | 170 | 15.4% | 163 | 95.9% | ★ | | | | | | | | | | | | | | |
| Orange-Person-Chatham | 10/20/06 | 663 | 165 | 24.9% | 163 | 98.8% | ★ | 1/23/07 | 548 | 22 | 4.0% | 14 | 63.6% | | | | | | | | | | | | | | | |
| Pathways | 10/19/06 | 1,991 | 178 | 8.9% | 167 | 93.8% | ★ | 1/19/07 | 2,308 | 335 | 14.5% | 314 | 93.7% | ★ | | | | | | | | | | | | | | |
| Pitt | 10/19/06 | 403 | 10 | 2.5% | 8 | 80.0% | | 1/19/07 | 333 | 6 | 1.8% | 4 | 66.7% | | | | | | | | | | | | | | | |
| Roanoke-Chowan | 10/19/06 | 974 | 66 | 6.8% | 50 | 75.8% | | 1/17/07 | 974 | 99 | 10.2% | 64 | 64.6% | | | | | | | | | | | | | | | |
| Sandhills Center | 10/20/06 | 2,770 | 266 | 9.6% | 226 | 85.0% | ★ | 1/19/07 | 2,726 | 367 | 13.5% | 285 | 77.7% | | | | | | | | | | | | | | | |
| Smoky Mountain | 10/18/06 | 1,594 | 213 | 13.4% | 160 | 75.1% | | 1/19/07 | 1,842 | 191 | 10.4% | 138 | 72.3% | | | | | | | | | | | | | | | |
| Southeastern Center | 10/20/06 | 2,512 | 724 | 28.8% | 163 | 22.5% | | 1/19/07 | 2,518 | 757 | 30.1% | 351 | 46.4% | | | | | | | | | | | | | | | |
| Southeastern Regional | 10/19/06 | 1,117 | 75 | 6.7% | 67 | 89.3% | ★ | 1/19/07 | 1,669 | 332 | 19.9% | 220 | 66.3% | | | | | | | | | | | | | | | |
| Tideland | Subject to Performance Agreement | | | | | | | 1/19/07 | 785 | 157 | 20.0% | 50 | 31.8% | | | | | | | | | | | | | | | |
| Wake | 10/20/06 | 1,786 | 269 | 15.1% | 248 | 92.2% | ★ | 1/20/07 | 1,842 | 337 | 18.3% | 330 | 97.9% | ★ | | | | | | | | | | | | | | |
| Western Highlands | 10/16/06 | 1,719 | 200 | 11.6% | 162 | 81.0% | | 1/19/07 | 1,740 | 248 | 14.3% | 220 | 88.7% | ★ | | | | | | | | | | | | | | |
| Wilson-Greene | Subject to Performance Agreement | | | | | | | 1/18/07 | 656 | 87 | 13.3% | 30 | 34.5% | | | | | | | | | | | | | | | |
| Totals | | 42,759 | 6,116 | 14.3% | 4,944 | 80.8% | | | 42,398 | 5,916 | 14.0% | 4,683 | 79.2% | | | | | | | | | | | | | | | |

Number and Pct of Area Authorities/County Programs that met the Best Practice Standard: 6 (23.1%)

3 (10.3%)

0 (0%)

0 (0%)

Number and Pct of Area Authorities/County Programs that met the SFY 2007 Standard: 11 (42.3%)

13 (44.8%)

0 (0%)

0 (0%)

Total 17 (65.4%)

16 (55.2%)

0 (0%)

0 (0%)

Notes:

1. Dates that are shaded and in bold font indicate reports that are not received by the due date. Late reports are not counted in determining whether either standard was met.
2. ★ = Met the Current SFY Performance Contract Standard. ★★ = Met the Best Practice Standard.
3. NR = Not reported.

2006 - 2007 Performance Contract
Second Quarter Report
October 1, 2006 - December 31, 2006

Access, Triage and Referral.
1.2.3. Access to Routine Care (Current Quarter Detailed Report)

Performance Requirement: LME maintains a log for each request for service and submits a quarterly report by the 20th day of the month following the end of each quarter. Reports shall be submitted on time and show the number of persons requesting services, the number and percent that are determined to need routine care, and the number and percent for which a face-to-face service (assessment and/or treatment) is provided within 7 calendar days of the request.

Best Practice Standard: **100%** of cases that are determined to need routine care are provided a face-to-face service (assessment and/or treatment) within 7 calendar days from the date/time of request.

SFY 2007 Standard: **85%** of cases that are determined to need routine care are provided a face-to-face service (assessment and/or treatment) within 7 calendar days from the date/time of request.

| Local Management Entity | Date Report Received ¹ | # Persons Requesting Services | Routine Care | | | | | | | | | % Provided Access Including Declined + No Show |
|-----------------------------|-----------------------------------|-------------------------------|--------------------|-------------------------------|------------------------|---|----------------------|-----------------------------------|------------------------------|---------------------|------------------------------|--|
| | | | Determined To Need | | Provided Within 7 Days | | | Offered But Declined ² | | Scheduled - No Show | | |
| | | | # Persons | % Persons Requesting Services | # Persons | % Persons ³ Determined To Need | Met Std ⁴ | # Persons | % Persons Determined To Need | # Persons | % Persons Determined To Need | |
| Alamance-Caswell-Rockingham | 1/19/07 | 1,193 | 825 | 69.2% | 124 | 15.0% | | 0 | 0.0% | 83 | 10.1% | 25.1% |
| Albemarle | 1/19/07 | 889 | 539 | 60.6% | 167 | 31.0% | | 120 | 22.3% | 67 | 12.4% | 65.7% |
| Catawba | 1/19/07 | 2,174 | 1,295 | 59.6% | 674 | 52.0% | | 162 | 12.5% | 233 | 18.0% | 82.5% |
| CenterPoint | 1/17/07 | 3,483 | 2,294 | 65.9% | 1,747 | 76.2% | | 49 | 2.1% | 498 | 21.7% | 100.0% |
| Crossroads | 1/8/07 | 1,684 | 1,205 | 71.6% | 808 | 67.1% | | 172 | 14.3% | 134 | 11.1% | 92.4% |
| Cumberland | 1/18/07 | 742 | 599 | 80.7% | 285 | 47.6% | | 126 | 21.0% | 188 | 31.4% | 100.0% |
| Durham | 1/17/07 | 1,721 | 765 | 44.5% | 257 | 33.6% | | 35 | 4.6% | 431 | 56.3% | 94.5% |
| Eastpointe | 1/18/07 | 935 | 812 | 86.8% | 338 | 41.6% | | 373 | 45.9% | 101 | 12.4% | 100.0% |
| Edgecombe-Nash | 1/18/07 | 376 | 296 | 78.7% | 59 | 19.9% | | 0 | 0.0% | 178 | 60.1% | 80.1% |
| Five County | 1/17/07 | 1,376 | 789 | 57.3% | 635 | 80.5% | | 7 | 0.9% | 18 | 2.3% | 83.7% |
| Foothills | 1/19/07 | 2,216 | 1,714 | 77.3% | 1,372 | 80.0% | | 64 | 3.7% | 278 | 16.2% | 100.0% |
| Guilford | 1/11/07 | 3,043 | 930 | 30.6% | 537 | 57.7% | | 306 | 32.9% | 87 | 9.4% | 100.0% |
| Johnston | 1/19/07 | 754 | 505 | 67.0% | 217 | 43.0% | | 104 | 20.6% | 173 | 34.3% | 97.8% |
| Mecklenburg | 1/19/07 | 1,634 | 651 | 39.8% | 617 | 94.8% | ★ | 0 | 0.0% | 34 | 5.2% | 100.0% |
| Neuse | 1/17/07 | 382 | 306 | 80.1% | 162 | 52.9% | | 38 | 12.4% | 106 | 34.6% | 100.0% |
| New River | 2/7/07 | 750 | 523 | 69.7% | 239 | 45.7% | | 99 | 18.9% | 102 | 19.5% | 84.1% |
| Onslow-Carteret | 1/19/07 | 1,105 | 597 | 54.0% | 461 | 77.2% | | 61 | 10.2% | 75 | 12.6% | 100.0% |
| Orange-Person-Chatham | 1/23/07 | 548 | 468 | 85.4% | 303 | 64.7% | | 18 | 3.8% | 98 | 20.9% | 89.5% |
| Pathways | 1/19/07 | 2,308 | 957 | 41.5% | 216 | 22.6% | | 0 | 0.0% | 18 | 1.9% | 24.5% |
| Pitt | 1/19/07 | 333 | 310 | 93.1% | 182 | 58.7% | | 19 | 6.1% | 109 | 35.2% | 100.0% |
| Roanoke-Chowan | 1/17/07 | 974 | 609 | 62.5% | 420 | 69.0% | | 16 | 2.6% | 173 | 28.4% | 100.0% |
| Sandhills Center | 1/19/07 | 2,726 | 1,439 | 52.8% | 1,022 | 71.0% | | 81 | 5.6% | 336 | 23.3% | 100.0% |
| Smoky Mountain | 1/19/07 | 1,842 | 1,370 | 74.4% | 545 | 39.8% | | 10 | 0.7% | 239 | 17.4% | 58.0% |
| Southeastern Center | 1/19/07 | 2,518 | 978 | 38.8% | 653 | 66.8% | | 79 | 8.1% | 246 | 25.2% | 100.0% |
| Southeastern Regional | 1/19/07 | 1,669 | 1,123 | 67.3% | 763 | 67.9% | | 231 | 20.6% | 129 | 11.5% | 100.0% |
| Tideland | 1/19/07 | 785 | 586 | 74.6% | 221 | 37.7% | | 123 | 21.0% | 2 | 0.3% | 59.0% |
| Wake | 1/20/07 | 1,842 | 664 | 36.0% | 550 | 82.8% | | 17 | 2.6% | 12 | 1.8% | 87.2% |
| Western Highlands | 1/19/07 | 1,740 | 1,225 | 70.4% | 867 | 70.8% | | 61 | 5.0% | 240 | 19.6% | 95.3% |
| Wilson-Greene | 1/18/07 | 656 | 491 | 74.8% | 98 | 20.0% | | 0 | 0.0% | 294 | 59.9% | 79.8% |
| Total | | 42,398 | 24,865 | 58.6% | 14,539 | 58.5% | | 2,371 | 9.5% | 4,682 | 18.8% | 86.8% |

Number and Pct of LMEs that met the Best Practice Standard:

0 (0%)

Number and Pct of LMEs that met the SFY 2007 Standard:
Total

1 (3.4%)
1 (3.4%)

Notes:

1. Dates that are shaded and in bold font indicate reports that are not received by the due date. Late reports are not counted in determining whether either standard was met.
2. **Offered But Declined** includes consumers that were offered an appointment within the target time frame but declined for personal convenience or necessity and requested a later appointment; or were scheduled for an appointment within the target time frame but called and rescheduled it to a later time.
3. Percents that are less than 85% are shaded and in bold font.
4. ★ = Met the Current SFY Performance Contract Standard. ★★ = Met the Best Practice Standard.

2006 - 2007 Performance Contract
Second Quarter Report
October 1, 2006 - December 31, 2006

Access, Triage and Referral.
1.2.3. Access to Routine Care (Year-to-Date Summary Report)

Performance Requirement: LME maintains a log for each request for service and submits a quarterly report by the 20th day of the month following the end of each quarter. Reports shall be submitted on time and show the number of persons requesting services, the number and percent that are determined to need routine care, and the number and percent for which a face-to-face service (assessment and/or treatment) is provided within 7 calendar days of the request.

Best Practice Standard: 100% of cases that are determined to need routine care are provided a face-to-face service (assessment and/or treatment) within 7 calendar days from the date/time of request.

SFY 2007 Standard: 85% of cases that are determined to need routine care are provided a face-to-face service (assessment and/or treatment) within 7 calendar days from the date/time of request.

| Area Authority/ County Program | 1st Quarter | | | | | | | 2nd Quarter | | | | | | | 3rd Quarter | | | | | | | 4th Quarter | | | | | | |
|-----------------------------------|--------------------------------------|-------------------------------------|-------------------------------|-------|------------------------|-------|----------------------|--------------------------------------|-------------------------------------|-------------------------------|-------|------------------------|-------|---|--------------------------------------|-------------------------------------|-------------------------------|---|------------------------|----------------------|---|--------------------------------------|-------------------------------------|-------------------------------|----------------------|------------------------|--|--|
| | Date Report Rec'd ¹ | # Persons Requesting Services | Determined to Need Routine | | Provided Within 7 Days | | | Date Report Rec'd ¹ | # Persons Requesting Services | Determined to Need Routine | | Provided Within 7 Days | | | Date Report Rec'd ¹ | # Persons Requesting Services | Determined to Need Routine | | Provided Within 7 Days | | | Date Report Rec'd ¹ | # Persons Requesting Services | Determined to Need Routine | | Provided Within 7 Days | | |
| | | | # | % | # | % | Met Std ² | | | # | % | Met Std ² | # | % | | | Met Std ² | # | % | Met Std ² | # | | | % | Met Std ² | | | |
| Alamance-Caswell-Rockingham | 10/20/06 | 1,629 | 1,195 | 73.4% | 920 | 77.0% | | 1/19/07 | 1,193 | 825 | 69.2% | 124 | 15.0% | | | | | | | | | | | | | | | |
| Albemarle | 10/23/06 | 1,325 | 921 | 69.5% | 329 | 35.7% | | 1/19/07 | 889 | 539 | 60.6% | 167 | 31.0% | | | | | | | | | | | | | | | |
| Catawba | 10/19/06 | 1,967 | 1,149 | 58.4% | 636 | 55.4% | | 1/19/07 | 2,174 | 1,295 | 59.6% | 674 | 52.0% | | | | | | | | | | | | | | | |
| CenterPoint | 10/13/06 | 3,466 | 2,128 | 61.4% | 1,763 | 82.8% | | 1/17/07 | 3,483 | 2,294 | 65.9% | 1,747 | 76.2% | | | | | | | | | | | | | | | |
| Crossroads | 10/16/06 | 1,710 | 1,234 | 72.2% | 822 | 66.6% | | 1/8/07 | 1,684 | 1,205 | 71.6% | 808 | 67.1% | | | | | | | | | | | | | | | |
| Cumberland | 10/19/06 | 952 | 754 | 79.2% | 343 | 45.5% | | 1/18/07 | 742 | 599 | 80.7% | 285 | 47.6% | | | | | | | | | | | | | | | |
| Durham | 10/18/06 | 2,013 | 826 | 41.0% | 171 | 20.7% | | 1/17/07 | 1,721 | 765 | 44.5% | 257 | 33.6% | | | | | | | | | | | | | | | |
| Eastpointe | 10/20/06 | 1,185 | 1,074 | 90.6% | 647 | 60.2% | | 1/18/07 | 935 | 812 | 86.8% | 338 | 41.6% | | | | | | | | | | | | | | | |
| Edgecombe-Nash | Subject to Performance Agreement | | | | | | | 1/18/07 | 376 | 296 | 78.7% | 59 | 19.9% | | | | | | | | | | | | | | | |
| Five County | 10/16/06 | 1,456 | 766 | 52.6% | 621 | 81.1% | | 1/17/07 | 1,376 | 789 | 57.3% | 635 | 80.5% | | | | | | | | | | | | | | | |
| Foothills | 10/20/06 | 2,065 | 1,550 | 75.1% | 1,488 | 96.0% | ★ | 1/19/07 | 2,216 | 1,714 | 77.3% | 1,372 | 80.0% | | | | | | | | | | | | | | | |
| Guilford | 10/12/06 | 3,226 | 953 | 29.5% | 691 | 72.5% | | 1/11/07 | 3,043 | 930 | 30.6% | 537 | 57.7% | | | | | | | | | | | | | | | |
| Johnston | 10/20/06 | 627 | 402 | 64.1% | 218 | 54.2% | | 1/19/07 | 754 | 505 | 67.0% | 217 | 43.0% | | | | | | | | | | | | | | | |
| Mecklenburg | 10/17/06 | 1,729 | 830 | 48.0% | 755 | 91.0% | ★ | 1/19/07 | 1,634 | 651 | 39.8% | 617 | 94.8% | ★ | | | | | | | | | | | | | | |
| Neuse | 10/16/06 | 649 | 580 | 89.4% | 576 | 99.3% | ★ | 1/17/07 | 382 | 306 | 80.1% | 162 | 52.9% | | | | | | | | | | | | | | | |
| New River | 10/20/06 | 2,020 | 883 | 43.7% | 499 | 56.5% | | 2/7/07 | 750 | 523 | 69.7% | 239 | 45.7% | | | | | | | | | | | | | | | |
| Onslow-Carteret | 10/31/06 | 1,211 | 379 | 31.3% | 339 | 89.4% | ★ | 1/19/07 | 1,105 | 597 | 54.0% | 461 | 77.2% | | | | | | | | | | | | | | | |
| Orange-Person-Chatham | 10/20/06 | 663 | 336 | 50.7% | 314 | 93.5% | ★ | 1/23/07 | 548 | 468 | 85.4% | 303 | 64.7% | | | | | | | | | | | | | | | |
| Pathways | 10/19/06 | 1,991 | 968 | 48.6% | NR | 0.0% | | 1/19/07 | 2,308 | 957 | 41.5% | 216 | 22.6% | | | | | | | | | | | | | | | |
| Pitt | 10/19/06 | 403 | 385 | 95.5% | 230 | 59.7% | | 1/19/07 | 333 | 310 | 93.1% | 182 | 58.7% | | | | | | | | | | | | | | | |
| Roanoke-Chowan | 10/19/06 | 974 | 581 | 59.7% | 418 | 71.9% | | 1/17/07 | 974 | 609 | 62.5% | 420 | 69.0% | | | | | | | | | | | | | | | |
| Sandhills Center | 10/20/06 | 2,770 | 1,859 | 67.1% | 1,387 | 74.6% | | 1/19/07 | 2,726 | 1,439 | 52.8% | 1,022 | 71.0% | | | | | | | | | | | | | | | |
| Smoky Mountain | 10/18/06 | 1,594 | 1,095 | 68.7% | 519 | 47.4% | | 1/19/07 | 1,842 | 1,370 | 74.4% | 545 | 39.8% | | | | | | | | | | | | | | | |
| Southeastern Center | 10/20/06 | 2,512 | 703 | 28.0% | 315 | 44.8% | | 1/19/07 | 2,518 | 978 | 38.8% | 653 | 66.8% | | | | | | | | | | | | | | | |
| Southeastern Regional | 10/19/06 | 1,117 | 998 | 89.3% | 631 | 63.2% | | 1/19/07 | 1,669 | 1,123 | 67.3% | 763 | 67.9% | | | | | | | | | | | | | | | |
| Tideland | Subject to Performance Agreement | | | | | | | 1/19/07 | 785 | 586 | 74.6% | 221 | 37.7% | | | | | | | | | | | | | | | |
| Wake | 10/20/06 | 1,786 | 478 | 26.8% | 223 | 46.7% | | 1/20/07 | 1,842 | 664 | 36.0% | 550 | 82.8% | | | | | | | | | | | | | | | |
| Western Highlands | 10/16/06 | 1,719 | 1,259 | 73.2% | 938 | 74.5% | | 1/19/07 | 1,740 | 1,225 | 70.4% | 867 | 70.8% | | | | | | | | | | | | | | | |
| Wilson-Greene | Subject to Performance Agreement | | | | | | | 1/18/07 | 656 | 491 | 74.8% | 98 | 20.0% | | | | | | | | | | | | | | | |
| Totals | | 42,759 | 23,318 | 54.5% | 15,793 | 67.7% | | | 42,398 | 24,865 | 58.6% | 14,539 | 58.5% | | | | | | | | | | | | | | | |

Number and Pct of Area Authorities/County Programs that met the Best Practice Standard: 0 (0%)

0 (0%)

0 (0%)

0 (0%)

Number and Pct of Area Authorities/County Programs that met the SFY 2007 Standard: 5 (19.2%)

1 (3.4%)

0 (0%)

0 (0%)

Total 5 (19.2%)

1 (3.4%)

0 (0%)

0 (0%)

Notes:

1. Dates that are shaded and in bold font indicate reports that are not received by the due date. Late reports are not counted in determining whether either standard was met.

2. ★ = Met the Current SFY Performance Contract Standard. ★★ = Met the Best Practice Standard.

3. NR = Not reported.

2006 - 2007 Performance Contract
Second Quarter Report
October 1, 2006 - December 31, 2006

Access, Triage and Referral.
1.2.4. Access Line

Performance Requirement: LME maintains a toll-free Access Line that is staffed 24 hours per day every day with trained personnel. Calls are answered within 6 rings. DHHS will monitor the number of rings it takes to answer the Access Line through a mystery shopper program. A minimum of 10 calls per quarter will be sampled.

Best Practice Standard: 100% of calls are answered within 6 rings.

SFY 2007 Standard: 85% of calls are answered within 6 rings.

| Local Management Entity | 1st Quarter | | | | 2nd Quarter | | | | 3rd Quarter | | | | 4th Quarter | | | |
|-----------------------------|----------------------------------|-------------------------|----------------|---------------------------|--------------|-------------------------|----------------|---------------------------|--------------|-------------------------|----------------|---------------------------|--------------|-------------------------|----------------|---------------------------|
| | # Calls Made | Answered Within 6 Rings | | Standard Met ¹ | # Calls Made | Answered Within 6 Rings | | Standard Met ¹ | # Calls Made | Answered Within 6 Rings | | Standard Met ¹ | # Calls Made | Answered Within 6 Rings | | Standard Met ¹ |
| | | # | % ² | | | # | % ² | | | # | % ² | | | # | % ² | |
| Alamance-Caswell-Rockingham | 10 | 10 | 100.0% | ★★ | 10 | 10 | 100.0% | ★★ | | | | | | | | |
| Albemarle | 10 | 10 | 100.0% | ★★ | 10 | 10 | 100.0% | ★★ | | | | | | | | |
| Catawba | 10 | 8 | 80.0% | | 10 | 9 | 90.0% | ★ | | | | | | | | |
| CenterPoint | 10 | 9 | 90.0% | ★ | 10 | 9 | 90.0% | ★ | | | | | | | | |
| Crossroads | 10 | 9 | 90.0% | ★ | 10 | 10 | 100.0% | ★★ | | | | | | | | |
| Cumberland | 10 | 10 | 100.0% | ★★ | 10 | 10 | 100.0% | ★★ | | | | | | | | |
| Durham | 10 | 10 | 100.0% | ★★ | 10 | 10 | 100.0% | ★★ | | | | | | | | |
| Eastpointe | 10 | 10 | 100.0% | ★★ | 10 | 10 | 100.0% | ★★ | | | | | | | | |
| Edgecombe-Nash | Subject to Performance Agreement | | | | 10 | 10 | 100.0% | ★★ | | | | | | | | |
| Five County | 10 | 8 | 80.0% | | 10 | 10 | 100.0% | ★★ | | | | | | | | |
| Foothills | 10 | 10 | 100.0% | ★★ | 10 | 10 | 100.0% | ★★ | | | | | | | | |
| Guilford | 10 | 10 | 100.0% | ★★ | 10 | 10 | 100.0% | ★★ | | | | | | | | |
| Johnston | 10 | 10 | 100.0% | ★★ | 10 | 10 | 100.0% | ★★ | | | | | | | | |
| Mecklenburg | 10 | 10 | 100.0% | ★★ | 10 | 10 | 100.0% | ★★ | | | | | | | | |
| Neuse | 10 | 10 | 100.0% | ★★ | 10 | 10 | 100.0% | ★★ | | | | | | | | |
| New River | 10 | 10 | 100.0% | ★★ | 10 | 10 | 100.0% | ★★ | | | | | | | | |
| Onslow-Carteret | 10 | 8 | 80.0% | | 10 | 10 | 100.0% | ★★ | | | | | | | | |
| Orange-Person-Chatham | 10 | 10 | 100.0% | ★★ | 10 | 10 | 100.0% | ★★ | | | | | | | | |
| Pathways | 10 | 10 | 100.0% | ★★ | 10 | 10 | 100.0% | ★★ | | | | | | | | |
| Pitt | 10 | 10 | 100.0% | ★★ | 10 | 10 | 100.0% | ★★ | | | | | | | | |
| Roanoke-Chowan | 10 | 10 | 100.0% | ★★ | 10 | 10 | 100.0% | ★★ | | | | | | | | |
| Sandhills Center | 10 | 10 | 100.0% | ★★ | 10 | 10 | 100.0% | ★★ | | | | | | | | |
| Smoky Mountain | 10 | 10 | 100.0% | ★★ | 10 | 10 | 100.0% | ★★ | | | | | | | | |
| Southeastern Center | 10 | 10 | 100.0% | ★★ | 10 | 10 | 100.0% | ★★ | | | | | | | | |
| Southeastern Regional | 10 | 10 | 100.0% | ★★ | 10 | 10 | 100.0% | ★★ | | | | | | | | |
| Tideland | Subject to Performance Agreement | | | | 10 | 10 | 100.0% | ★★ | | | | | | | | |
| Wake | 10 | 10 | 100.0% | ★★ | 10 | 10 | 100.0% | ★★ | | | | | | | | |
| Western Highlands | 10 | 10 | 100.0% | ★★ | 10 | 10 | 100.0% | ★★ | | | | | | | | |
| Wilson-Greene | Subject to Performance Agreement | | | | 10 | 10 | 100.0% | ★★ | | | | | | | | |
| Totals | 260 | 252 | 96.9% | ★ | 290 | 288 | 99.3% | ★ | | | | | | | | |

Number and Pct of LMEs that met the Best Practice Standard:

21 (80.8%)

27 (93.1%)

0 (0%)

0 (0%)

Number and Pct of LMEs that met the SFY 2007 Standard:

2 (7.7%)

2 (6.9%)

0 (0%)

0 (0%)

Total

23 (88.5%)

29 (100%)

0 (0%)

0 (0%)

Notes:

1. ★ = Met the Current SFY Performance Contract Standard. ★★ = Met the Best Practice Standard.

2. Percents less than 85% are shaded.

Service Management.
1.3.5. Transition To Community Services (Psychiatric Hospital Bed-Day Allocations)
(Cumulative Year-To-Date)

Performance Requirement: In order to facilitate the transition of consumers from State-Operated facilities to community-based services and to prevent the overutilization of State-Operated facilities when it would be more appropriate to serve consumers in their communities, LMEs have been given the responsibility of authorizing inpatient and ADATC admissions and working with State-Operated facilities to return consumers to appropriate community-based services as soon as practical following admission. To facilitate this effort, LMEs are expected to keep their inpatient and ADATC utilization within annual bed-day allocations for various categories of beds.

Best Practice Standard: The LME uses 90% or less of its annual bed-day allocation per category.
SFY 2007 Standard: The LME uses 100% or less of its annual bed-day allocation per category.

| Local Management Entity | Psychiatric Hospital - Adult Admissions | | | | Psychiatric Hospital - Adult Long-Term | | | | Psychiatric Hospital - Child/Adolescent | | | | Psychiatric Hospital - Geriatric | | | |
|--------------------------------------|---|---------------|-------------------------|---------------------------|--|---------------|-------------------------|---------------------------|---|---------------|-------------------------|---------------------------|----------------------------------|---------------|-------------------------|---------------------------|
| | Annual Allocation | YTD # Used | YTD % Used ¹ | Standard Met ² | Annual Allocation | YTD # Used | YTD % Used ¹ | Standard Met ² | Annual Allocation | YTD # Used | YTD % Used ¹ | Standard Met ² | Annual Allocation | YTD # Used | YTD % Used ¹ | Standard Met ² |
| YTD Straight-line Percentage: | 50% | | | | 50% | | | | 50% | | | | 50% | | | |
| Alamance-Caswell-Rockingham | 6,352 | 2,490 | 39.2% | | 3,467 | 759 | 21.9% | | 2,021 | 434 | 21.5% | | 2,024 | 724 | 35.8% | |
| Albemarle | 1,749 | 1,089 | 62.3% | | 2,608 | 1,391 | 53.3% | | 338 | 220 | 65.1% | | 373 | 216 | 57.9% | |
| Catawba | 1,160 | 764 | 65.9% | | 1,159 | 966 | 83.3% | | 472 | 251 | 53.2% | | 267 | 95 | 35.6% | |
| CenterPoint | 7,251 | 5,240 | 72.3% | | 4,773 | 2,584 | 54.1% | | 1,448 | 756 | 52.2% | | 1,052 | 875 | 83.2% | |
| Crossroads | 4,180 | 1,722 | 41.2% | | 2,441 | 865 | 35.4% | | 1,041 | 231 | 22.2% | | 350 | 275 | 78.6% | |
| Cumberland | 3,506 | 1,362 | 38.8% | | 2,090 | 1,476 | 70.6% | | 422 | 435 | 103.1% | | 681 | 464 | 68.1% | |
| Durham | 7,611 | 2,787 | 36.6% | | 4,752 | 1,382 | 29.1% | | 3,142 | 815 | 25.9% | | 1,259 | 1,294 | 102.8% | |
| Eastpointe | 7,044 | 3,366 | 47.8% | | 9,365 | 3,170 | 33.8% | | 833 | 758 | 91.0% | | 2,156 | 466 | 21.6% | |
| Edgecombe-Nash | 4,129 | 2,470 | 59.8% | | 5,587 | 2,329 | 41.7% | | 504 | 514 | 102.0% | | 801 | 607 | 75.8% | |
| Five County | 5,055 | 3,037 | 60.1% | | 3,631 | 2,374 | 65.4% | | 1,613 | 476 | 29.5% | | 1,080 | 474 | 43.9% | |
| Foothills | 5,871 | 2,729 | 46.5% | | 3,631 | 1,468 | 40.4% | | 2,405 | 501 | 20.8% | | 1,442 | 709 | 49.2% | |
| Guilford | 10,043 | 3,837 | 38.2% | | 4,793 | 1,569 | 32.7% | | 2,184 | 473 | 21.7% | | 1,266 | 574 | 45.3% | |
| Johnston | 1,251 | 666 | 53.2% | | 389 | 783 | 201.3% | | 1,026 | 448 | 43.7% | | 443 | 74 | 16.7% | |
| Mecklenburg | 5,065 | 2,896 | 57.2% | | 6,881 | 3,314 | 48.2% | | 567 | 636 | 112.2% | | 1,070 | 663 | 62.0% | |
| Neuse | 2,146 | 1,268 | 59.1% | | 4,259 | 1,260 | 29.6% | | 515 | 90 | 17.5% | | 485 | 105 | 21.6% | |
| New River | 3,351 | 1,409 | 42.0% | | 2,347 | 738 | 31.4% | | 855 | 215 | 25.1% | | 617 | 687 | 111.3% | |
| Onslow-Carteret | 3,378 | 1,124 | 33.3% | | 4,239 | 1,903 | 44.9% | | 712 | 247 | 34.7% | | 420 | 199 | 47.4% | |
| Orange-Person-Chatham | 4,090 | 2,097 | 51.3% | | 2,193 | 694 | 31.6% | | 1,413 | 630 | 44.6% | | 792 | 467 | 59.0% | |
| Pathways | 6,918 | 2,913 | 42.1% | | 3,318 | 2,059 | 62.1% | | 929 | 445 | 47.9% | | 937 | 460 | 49.1% | |
| Pitt | 2,917 | 851 | 29.2% | | 3,999 | 1,294 | 32.4% | | 409 | 172 | 42.1% | | 412 | 149 | 36.2% | |
| Roanoke-Chowan | 1,155 | 664 | 57.5% | | 2,542 | 738 | 29.0% | | 371 | 67 | 18.1% | | 280 | 175 | 62.5% | |
| Sandhills Center | 6,920 | 3,135 | 45.3% | | 3,806 | 1,747 | 45.9% | | 2,349 | 1,302 | 55.4% | | 1,599 | 952 | 59.5% | |
| Smoky Mountain | 3,794 | 1,300 | 34.3% | | 2,288 | 729 | 31.9% | | 927 | 426 | 46.0% | | 507 | 359 | 70.8% | |
| Southeastern Center | 4,291 | 2,482 | 57.8% | | 7,311 | 2,222 | 30.4% | | 858 | 734 | 85.5% | | 530 | 639 | 120.6% | |
| Southeastern Regional | 2,713 | 1,311 | 48.3% | | 1,490 | 1,500 | 100.7% | | 716 | 365 | 51.0% | | 733 | 403 | 55.0% | |
| Tideland | 2,589 | 780 | 30.1% | | 4,000 | 1,456 | 36.4% | | 367 | 256 | 69.8% | | 1,008 | 131 | 13.0% | |
| Wake | 12,542 | 6,761 | 53.9% | | 7,794 | 3,358 | 43.1% | | 3,892 | 1,948 | 50.1% | | 3,618 | 1,832 | 50.6% | |
| Western Highlands | 12,107 | 5,549 | 45.8% | | 7,436 | 3,928 | 52.8% | | 2,480 | 720 | 29.0% | | 1,324 | 1,074 | 81.1% | |
| Wilson-Greene | 2,132 | 2,122 | 99.5% | | 4,021 | 1,571 | 39.1% | | 792 | 371 | 46.8% | | 662 | 246 | 37.2% | |
| Totals | 141,310 | 68,221 | 48.3% | | 116,610 | 49,627 | 42.6% | | 35,601 | 14,936 | 42.0% | | 28,188 | 15,388 | 54.6% | |

| | | | | |
|---|--------|--------|--------|--------|
| Number and Pct of LMEs that met the Best Practice Standard: | 0 (0%) | 0 (0%) | 0 (0%) | 0 (0%) |
| Number and Pct of LMEs that met the SFY 2007 Standard: | 0 (0%) | 0 (0%) | 0 (0%) | 0 (0%) |
| Total | 0 (0%) | 0 (0%) | 0 (0%) | 0 (0%) |

Notes:

1. YTD straight-line percentage for the current quarter is 50%.

Percentages that exceed the annual SFY 2007 Performance Contract Standard are highlighted red.

Percentages that exceed the YTD straight-line percentage by 10% or more are highlighted orange.

Percentages that exceed the YTD straight-line percentage by under 10% are highlighted yellow.

2. Standard Met is reported at the end of the year in the fourth quarter report.

★ = Has met the Current SFY annual Performance Contract Standard. ★★ = Has met the annual Best Practice Standard.

Service Management.
1.3.5. Transition To Community Services (ADATC Bed-Day Allocations)
(Cumulative Year-To-Date)

Performance Requirement: In order to facilitate the transition of consumers from State-Operated facilities to community-based services and to prevent the overutilization of State-Operated facilities when it would be more appropriate to serve consumers in their communities, LMEs have been given the responsibility of authorizing inpatient and ADATC admissions and working with State-Operated facilities to return consumers to appropriate community-based services as soon as practical following admission. To facilitate this effort, LMEs are expected to keep their inpatient and ADATC utilization within annual bed-day allocations for various categories of beds.

Best Practice Standard: The LME uses 90% or less of its annual bed-day allocation per category.

SFY 2007 Standard: The LME uses 100% or less of its annual bed-day allocation per category.

| Local Management Entity | Alcohol and Drug Abuse Treatment Center (ADATC) - Substance Abuse | | | |
|-----------------------------|---|------------|--|---------------------------|
| | Annual Allocation | YTD # Used | YTD % Used ¹ [Straight-line = 50%] | Standard Met ² |
| Alamance-Caswell-Rockingham | 2,548 | 864 | 33.9% | |
| Albemarle | 1,402 | 974 | 69.5% | |
| Catawba | 1,227 | 728 | 59.3% | |
| CenterPoint | 2,040 | 666 | 32.6% | |
| Crossroads | 1,543 | 230 | 14.9% | |
| Cumberland | 1,774 | 184 | 10.4% | |
| Durham | 2,038 | 202 | 9.9% | |
| Eastpointe | 2,282 | 1,194 | 52.3% | |
| Edgecombe-Nash | 1,140 | 133 | 11.7% | |
| Five County | 1,870 | 550 | 29.4% | |
| Foothills | 2,186 | 857 | 39.2% | |
| Guilford | 2,816 | 650 | 23.1% | |
| Johnston | 827 | 85 | 10.3% | |
| Mecklenburg | 6,436 | 2,386 | 37.1% | |
| Neuse | 833 | 234 | 28.1% | |
| New River | 1,325 | 1,277 | 96.4% | |
| Onslow-Carteret | 2,099 | 898 | 42.8% | |
| Orange-Person-Chatham | 2,044 | 586 | 28.7% | |
| Pathways | 2,462 | 476 | 19.3% | |
| Pitt | 1,521 | 491 | 32.3% | |
| Roanoke-Chowan | 577 | 136 | 23.6% | |
| Sandhills Center | 3,796 | 1,536 | 40.5% | |
| Smoky Mountain | 1,704 | 505 | 29.6% | |
| Southeastern Center | 3,672 | 1,409 | 38.4% | |
| Southeastern Regional | 1,815 | 454 | 25.0% | |
| Tideland | 845 | 91 | 10.8% | |
| Wake | 3,389 | 480 | 14.2% | |
| Western Highlands | 4,925 | 1,751 | 35.6% | |
| Wilson-Greene | 824 | 96 | 11.7% | |
| Totals | 61,960 | 20,123 | 32.5% | |

Number and Pct of LMEs that met the Best Practice Standard:

0 (0%)

Number and Pct of LMEs that met the SFY 2007 Standard:

0 (0%)

Total

0 (0%)

Notes:

1. YTD straight-line percentage for the current quarter is 50%.

Percentages that exceed the annual SFY 2007 Performance Contract Standard are highlighted red.

Percentages that exceed the YTD straight-line percentage by 10% or more are highlighted orange.

Percentages that exceed the YTD straight-line percentage by under 10% are highlighted yellow.

2. Standard Met is reported at the end of the year in the fourth quarter report.

★ = Has met the Current SFY annual Performance Contract Standard. ★★ = Has met the annual Best Practice Standard.

Quality Management and Outcomes Evaluation.
1.6.3. Incident Reporting

Performance Requirement: The LME analyzes Level II and Level III incidents reported by providers, in accordance with 10A NCAC 27G .0600, to determine trends and take action to make system improvements. The LME shall submit quarterly reports [by the 20th of the month following the end of the quarter] summarizing Level II and Level III incidents reported by providers. The report will include summaries of (1) data analyses to identify patterns and trends, (2) strategies developed to address problems, (3) actions taken, (4) the evaluation of results, and (5) next steps. DHHS will review the reports for evidence of an effective incident review process.

Best Practice Standard: 100% of reports show clear evidence of an effective process containing all 5 elements (1-5 above).

SFY 2007 Standard: 75% of reports show clear evidence of an effective process containing at least 4 elements.

| Local Management Entity | 1st Qtr Report (Due 10/20/06) | | 2nd Qtr Report (Due 1/20/07) | | 3rd Qtr Report (Due 4/20/07) | | 4th Qtr Report (Due 7/20/07) | | Standard Met ² |
|-----------------------------|----------------------------------|----------------------|---------------------------------|----------------------|---------------------------------|----------------------|---------------------------------|----------------------|------------------------------|
| | Date Received ¹ | Elements Included | Date Received ¹ | Elements Included | Date Received ¹ | Elements Included | Date Received ¹ | Elements Included | |
| Alamance-Caswell-Rockingham | 10/18/06 | All 5 | 1/17/07 | All 5 | | | | | ☆☆ |
| Albemarle | 10/20/06 | <4 | 1/19/07 | All 5 | | | | | ☆ |
| Catawba | 10/19/06 | <4 | 1/19/07 | All 5 | | | | | ☆ |
| CenterPoint | 10/19/06 | All 5 | 1/19/07 | All 5 | | | | | ☆☆ |
| Crossroads | 10/20/06 | All 5 | 1/19/07 | All 5 | | | | | ☆☆ |
| Cumberland | 10/20/06 | All 5 | 1/19/07 | All 5 | | | | | ☆☆ |
| Durham | 10/19/06 | 4 | 1/16/07 | All 5 | | | | | ☆ |
| Eastpointe | 10/17/06 | All 5 | 1/19/07 | All 5 | | | | | ☆☆ |
| Edgecombe-Nash | Sub to Perf. Agreement | | 1/22/07 | All 5 | | | | | ☆☆ |
| Five County | 10/17/06 | All 5 | 1/19/07 | All 5 | | | | | ☆☆ |
| Foothills | 10/17/06 | All 5 | 1/18/07 | All 5 | | | | | ☆☆ |
| Guilford | 10/19/06 | All 5 | 1/19/07 | All 5 | | | | | ☆☆ |
| Johnston | 10/20/06 | All 5 | 1/19/07 | All 5 | | | | | ☆☆ |
| Mecklenburg | 10/18/06 | All 5 | 1/18/07 | All 5 | | | | | ☆☆ |
| Neuse | 10/17/06 | All 5 | 1/17/07 | All 5 | | | | | ☆☆ |
| New River | 10/17/06 | All 5 | 1/18/07 | All 5 | | | | | ☆☆ |
| Onslow-Carteret | 10/20/06 | All 5 | 1/19/07 | All 5 | | | | | ☆☆ |
| Orange-Person-Chatham | 10/20/06 | All 5 | 1/19/07 | All 5 | | | | | ☆☆ |
| Pathways | 10/18/06 | All 5 | 1/17/07 | All 5 | | | | | ☆☆ |
| Pitt | 10/19/06 | All 5 | 1/19/07 | All 5 | | | | | ☆☆ |
| Roanoke-Chowan | 10/17/06 | All 5 | 1/19/07 | All 5 | | | | | ☆☆ |
| Sandhills Center | 10/20/06 | All 5 | 1/19/07 | All 5 | | | | | ☆☆ |
| Smoky Mountain | 10/20/06 | All 5 | 1/19/07 | All 5 | | | | | ☆☆ |
| Southeastern Center | 10/18/06 | All 5 | 1/19/07 | All 5 | | | | | ☆☆ |
| Southeastern Regional | 10/20/06 | All 5 | 1/20/07 | All 5 | | | | | ☆☆ |
| Tideland | Sub to Perf. Agreement | | 1/19/07 | All 5 | | | | | ☆☆ |
| Wake | 10/18/06 | All 5 | 1/19/07 | All 5 | | | | | ☆☆ |
| Western Highlands | 10/18/06 | All 5 | 1/19/07 | All 5 | | | | | ☆☆ |
| Wilson-Greene | Sub to Perf. Agreement | | 1/22/07 | All 5 | | | | | ☆☆ |

Number and Pct of LMEs that met (End of Year) or are on-track for meeting the Best Practice Standard:

26 (89.7%)

Number and Pct of LMEs that met (End of Year) or are on-track for meeting the SFY 2007 Standard:

3 (10.3%)

Total

29 (100%)

Notes:

1. Dates that are shaded red indicate reports that are not received by the due date. Date received does not affect if the performance standard is met.

2. The performance standard is an annual standard (black stars). Progress is reported quarterly (blue stars).

☆ = On track for meeting the Current SFY Performance Contract Standard. ☆☆☆ = On track for meeting the Best Practice Standard.

★ = Met (End of Year) the Current SFY Performance Contract Standard. ★★ = Met (End of Year) the Best Practice Standard.

Information Management, Analysis, and Reporting.
1.8.1.1. System Monitoring - Quarterly Fiscal Monitoring Report

Performance Requirement: LME submits all required system monitoring reports in acceptable format by the 20th day of the month following the end of the quarter. Reports are accurate and complete.

Best Practice Standard: 100% of reports are accurate, complete, and received by the due date.

SFY 2007 Standard: Same as Best Practice Standard.

| Local Management Entity | 1st Qtr Report (Due 10/20/06) | | | 2nd Qtr Report (Due 2/20/07) | | | 3rd Qtr Report (Due 4/20/07) | | | 4th Qtr Cash-Basis Report (Due 8/31/07) | | 4th Qtr Accrual- Basis Report (Due 8/31/07) | | Standard Met ² |
|-----------------------------|----------------------------------|-----------------------|------------------------------|---------------------------------|-----------------------|------------------------------|---------------------------------|-----------------------|------------------------------|---|-----------------------|---|-----------------------|------------------------------|
| | Date Received 1 | Accurate, Complete | Standard Met ² | Date Received 1 | Accurate, Complete | Standard Met ² | Date Received 1 | Accurate, Complete | Standard Met ² | Date Received 1 | Accurate, Complete | Date Received 1 | Accurate, Complete | |
| Alamance-Caswell-Rockingham | 10/20/06 | Yes | ★★ | | | | | | | | | | | |
| Albemarle | 10/18/06 | Yes | ★★ | | | | | | | | | | | |
| Catawba | 10/17/06 | Yes | ★★ | | | | | | | | | | | |
| CenterPoint | 10/17/06 | Yes | ★★ | | | | | | | | | | | |
| Crossroads | 10/18/06 | Yes | ★★ | | | | | | | | | | | |
| Cumberland | 10/12/06 | Yes | ★★ | | | | | | | | | | | |
| Durham | 10/10/06 | Yes | ★★ | | | | | | | | | | | |
| Eastpointe | 10/18/06 | Yes | ★★ | | | | | | | | | | | |
| Edgecombe-Nash | 10/13/06 | Yes | ★★ | | | | | | | | | | | |
| Five County | 10/17/06 | Yes | ★★ | | | | | | | | | | | |
| Foothills | 10/20/06 | Yes | ★★ | | | | | | | | | | | |
| Guilford | 10/12/06 | Yes | ★★ | | | | | | | | | | | |
| Johnston | 10/20/06 | Yes | ★★ | | | | | | | | | | | |
| Mecklenburg | 10/17/06 | Yes | ★★ | | | | | | | | | | | |
| Neuse | 10/17/06 | Yes | ★★ | | | | | | | | | | | |
| New River | 10/20/06 | Yes | ★★ | | | | | | | | | | | |
| Onslow-Carteret | 10/17/06 | Yes | ★★ | | | | | | | | | | | |
| Orange-Person-Chatham | 10/20/06 | Yes | ★★ | | | | | | | | | | | |
| Pathways | 10/18/06 | Yes | ★★ | | | | | | | | | | | |
| Pitt | Not Rec'd | | | | | | | | | | | | | |
| Roanoke-Chowan | 10/16/06 | Yes | ★★ | | | | | | | | | | | |
| Sandhills Center | 10/18/06 | Yes | ★★ | | | | | | | | | | | |
| Smoky Mountain | 10/20/06 | Yes | ★★ | | | | | | | | | | | |
| Southeastern Center | 10/18/06 | Yes | ★★ | | | | | | | | | | | |
| Southeastern Regional | 10/16/06 | Yes | ★★ | | | | | | | | | | | |
| Tideland | 10/26/06 | Yes | | | | | | | | | | | | |
| Wake | 10/18/06 | Yes | ★★ | | | | | | | | | | | |
| Western Highlands | 10/31/06 | Yes | | | | | | | | | | | | |
| Wilson-Greene | 10/16/06 | Yes | ★★ | | | | | | | | | | | |

Because the due date for this report is after the end of the quarter, the Second Quarter's results will be provided in the Third Quarter SFY07 report.

and % of LMEs that met the Performance Standard: 26 (89.7%) 0 (0%) 0 (0%) 0 (0%)

Notes:

1. Red shading indicates reports that are not received by the due date or are not accurate and complete

2. ★ = Met the Current SFY Performance Contract Standard. ★★ = Met the Best Practice Standard.

2006 - 2007 Performance Contract
Mid-Year Report
July 1, 2006 - December 31, 2006

Information Management, Analysis, and Reporting.
1.8.1.4. System Monitoring - SAPTBG Compliance Report

Performance Requirement: The LME shall submit a semi-annual SAPTBG Compliance Report by the 20th of the month following the end of the semi-annual period. Reports are accurate and complete and show at least 48 hours of Synar activity for the period.

Best Practice Standard: All reports are accurate and complete, show 48 hours of Synar activity, and are received by the due date.

SFY 2007 Standard: All reports are accurate and complete, show 48 hours of Synar activity, and are received no later than 10 days after the due date.

| Local Management Entity | Mid-Year Report (Due 1/20/07) | | | Standard Met ² | End Of Year Report (Due 7/20/07) | | | Standard Met ² |
|-----------------------------|----------------------------------|-----------------------|----------------------------|---------------------------|-------------------------------------|-----------------------|----------------------------|---------------------------|
| | Date Received ¹ | Accurate and Complete | 48 Hours Of Synar Activity | | Date Received ¹ | Accurate and Complete | 48 Hours Of Synar Activity | |
| Alamance-Caswell-Rockingham | 1/19/07 | Yes | Yes | ★★ | | | | |
| Albemarle | 1/18/07 | Yes | Yes | ★★ | | | | |
| Catawba | 1/19/07 | Yes | Yes | ★★ | | | | |
| CenterPoint | 1/13/07 | Yes | Yes | ★★ | | | | |
| Crossroads | 1/17/07 | Yes | Yes | ★★ | | | | |
| Cumberland | 1/19/07 | Yes | No | | | | | |
| Durham | 1/20/07 | Yes | Yes | ★★ | | | | |
| Eastpointe | 1/20/07 | Yes | No | | | | | |
| Edgecombe-Nash | 1/20/07 | Yes | No | | | | | |
| Five County | 1/19/07 | Yes | Yes | ★★ | | | | |
| Foothills | 1/19/07 | Yes | No | | | | | |
| Guilford | 1/19/07 | Yes | Yes | ★★ | | | | |
| Johnston | 1/17/07 | Yes | Yes | ★★ | | | | |
| Mecklenburg | 1/18/07 | Yes | Yes | ★★ | | | | |
| Neuse | 1/12/07 | Yes | Yes | ★★ | | | | |
| New River | 1/18/07 | Yes | Yes | ★★ | | | | |
| Onslow-Carteret | 1/18/07 | Yes | Yes | ★★ | | | | |
| Orange-Person-Chatham | 1/18/07 | Yes | Yes | ★★ | | | | |
| Pathways | 1/19/07 | Yes | No | | | | | |
| Pitt | 1/17/07 | Yes | Yes | ★★ | | | | |
| Roanoke-Chowan | 1/19/07 | Yes | Yes | ★★ | | | | |
| Sandhills Center | 1/20/07 | Yes | Yes | ★★ | | | | |
| Smoky Mountain | 1/26/07 | Yes | No | | | | | |
| Southeastern Center | 1/20/07 | Yes | Yes | ★★ | | | | |
| Southeastern Regional | 1/18/07 | Yes | Yes | ★★ | | | | |
| Tideland | 1/18/07 | Yes | Yes | ★★ | | | | |
| Wake | 1/18/07 | Yes | Yes | ★★ | | | | |
| Western Highlands | 1/19/07 | No | No | | | | | |
| Wilson-Greene | 1/20/07 | Yes | No | | | | | |

Number and Pct of LMEs that met the Best Practice Standard:

21 (72.4%)

0 (0%)

Number and Pct of LMEs that met the SFY 2007 Standard:

0 (0%)

0 (0%)

Total

21 (72.4%)

0 (0%)

Notes:

1. Dates that are highlighted red indicate reports received more than 10 days after the due date.

Italicized dates that are highlighted yellow indicate reports received within 10 days after the due date.

2. ★ = Met the Current SFY Performance Contract Standard. ★★ = Met the Best Practice Standard.

Information Management, Analysis, and Reporting.
1.8.1.5. System Monitoring - Substance Abuse/Juvenile Justice Initiative Reports

Performance Requirement: LME submits all quarterly Substance Abuse/Juvenile Justice Initiative Reports by the 20th of the month following the end of the quarter. Reports are accurate and complete.

Best Practice Standard: 100% of reports are accurate, complete, and received by the due date.

SFY 2007 Standard: 100% of reports are accurate, complete. 75% of reports are received on time, and 100% are received no later than 10 calendar days after the due date.

| Local Management Entity | 1st Qtr Reports (Due 10/20/06) | | | | | | | 2nd Qtr Reports (Due 1/20/07) | | | | | | |
|-----------------------------|--|--------------------------|-------------------------------|--------------------------|-------------------------------|--------------------------|------------------------------|--|--------------------------|-------------------------------|--------------------------|-------------------------------|--------------------------|------------------------------|
| | Juvenile Detention | | MAJORS | | Multi-purpose Group Home | | Standard Met ² | Juvenile Detention | | MAJORS | | Multi-purpose Group Home | | Standard Met ² |
| | Date Received ¹ | Accurate And Complete | Date Received ¹ | Accurate And Complete | Date Received ¹ | Accurate And Complete | | Date Received ¹ | Accurate And Complete | Date Received ¹ | Accurate And Complete | Date Received ¹ | Accurate And Complete | |
| Alamance-Caswell-Rockingham | | | 10/16/06 | Yes | | | ★★ | | | 1/19/07 | Yes | | | ★★ |
| Albemarle | | | 10/20/06 | Yes | 10/20/06 | Yes | ★★ | | | 1/19/07 | Yes | 1/19/07 | Yes | ★★ |
| CenterPoint | 11/27/06 | Yes | 11/27/06 | Yes | | | | 1/19/07 | Yes | 1/19/07 | Yes | | | ★★ |
| Crossroads | No SA/JJ Initiative requirement this quarter. Will have one beginning 3rd quarter. | | | | | | | No SA/JJ Initiative requirement this quarter. Will have one beginning 3rd quarter. | | | | | | |
| Cumberland | 10/20/06 | Yes | 10/16/06 | Yes | | | ★★ | 1/19/07 | Yes | 1/19/07 | Yes | | | ★★ |
| Durham | 10/20/06 | Yes | 10/20/06 | Yes | | | ★★ | 1/10/07 | Yes | 1/19/07 | Yes | | | ★★ |
| Eastpointe | | | 10/16/06 | Yes | 10/16/06 | Yes | ★★ | | | 1/19/07 | Yes | 1/19/07 | Yes | ★★ |
| Five County | | | 10/20/06 | Yes | | | ★★ | | | 1/19/07 | Yes | | | ★★ |
| Foothills | 10/16/06 | Yes | | | | | ★★ | 1/19/07 | Yes | | | | | ★★ |
| Guilford | 10/16/06 | Yes | 10/16/06 | Yes | | | ★★ | 1/19/07 | Yes | 1/19/07 | Yes | | | ★★ |
| Mecklenburg | 10/16/06 | Yes | | | | | ★★ | 1/19/07 | Yes | | | | | ★★ |
| Neuse | | | 10/20/06 | Yes | 10/16/06 | Yes | ★★ | | | 1/19/07 | Yes | 1/19/07 | Yes | ★★ |
| Orange-Person-Chatham | | | 10/20/06 | Yes | | | ★★ | | | 1/19/07 | Yes | | | ★★ |
| Pathways | 10/20/06 | Yes | | | | | ★★ | 1/19/07 | Yes | | | | | ★★ |
| Pitt | 10/16/06 | Yes | 10/16/06 | Yes | | | ★★ | 1/19/07 | Yes | 1/19/07 | Yes | | | ★★ |
| Roanoke-Chowan | | | | | 10/20/06 | Yes | ★★ | | | | | 1/19/07 | Yes | ★★ |
| Sandhills Center | 10/16/06 | Yes | 10/16/06 | Yes | | | ★★ | 1/19/07 | Yes | 1/19/07 | Yes | | | ★★ |
| Southeastern Center | 10/16/06 | Yes | 10/16/06 | Yes | | | ★★ | 1/19/07 | Yes | 1/19/07 | Yes | | | ★★ |
| Southeastern Regional | | | 10/16/06 | Yes | 10/16/06 | Yes | ★★ | | | 1/19/07 | Yes | 1/19/07 | Yes | ★★ |
| Tideland | | | Not Rec'd | No | | | | | | 1/19/07 | Yes | | | ★★ |
| Wake | 10/16/06 | Yes | 10/15/06 | Yes | | | ★★ | 1/19/07 | Yes | 1/19/07 | Yes | | | ★★ |
| Western Highlands | 10/16/06 | Yes | 10/16/06 | Yes | | | ★★ | 1/19/07 | Yes | 1/19/07 | Yes | | | ★★ |
| Catawba | | | | | | | | | | | | | | |
| Edgecombe-Nash | | | | | | | | | | | | | | |
| Johnston | | | | | | | | | | | | | | |
| New River | | | | | | | | | | | | | | |
| Onslow-Carteret | | | | | | | | | | | | | | |
| Smoky Mountain | | | | | | | | | | | | | | |
| Wilson-Greene | | | | | | | | | | | | | | |

Met the Best Practice Standard:

19 (90.5%)

21 (100%)

Met the SFY2007 Standard:

0 (0%)

0 (0%)

Total

19 (90.5%)

21 (100%)

Notes:

1. Reports that are not complete or that are received >10 days after the due date are shaded red. **Italicized** dates with yellow shading are within 10 days after the due date.

2. ★ = Met the Current SFY Performance Contract Standard. ★★ = Met the Best Practice Standard.

2006 - 2007 Performance Contract
Second Quarter Report
October 1, 2006 - December 31, 2006

Information Management, Analysis, and Reporting.
1.8.1.6. System Monitoring - Work First Initiative Quarterly Reports

Performance Requirement: LME submits a quarterly Work First Initiative Report by the 20th of the month following the end of the quarter. Reports are accurate and complete.

Best Practice Standard: 100% of reports are accurate, complete, and received by the due date.

SFY 2007 Standard: 100% of reports are accurate, complete. 75% are received on-time and 100% of reports are received no later than 10 calendar days after the due date.

| Local Management Entity | 1st Qtr Report (Due 10/20/06) | | 2nd Qtr Report (Due 1/20/07) | | 3rd Qtr Report (Due 4/20/07) | | 4th Qtr Report (Due 7/20/07) | | Standard Met ² |
|-----------------------------|----------------------------------|-----------------------|---------------------------------|-----------------------|---------------------------------|-----------------------|---------------------------------|-----------------------|---------------------------|
| | Date Received ¹ | Accurate And Complete | Date Received ¹ | Accurate And Complete | Date Received ¹ | Accurate And Complete | Date Received ¹ | Accurate And Complete | |
| Alamance-Caswell-Rockingham | 10/16/06 | Yes | 1/23/07 | Yes | | | | | ☆ |
| Albemarle | 10/19/06 | Yes | 1/16/07 | Yes | | | | | ☆☆ |
| Catawba | 10/20/06 | Yes | 1/18/07 | Yes | | | | | ☆☆ |
| CenterPoint | 10/11/06 | Yes | 1/19/07 | Yes | | | | | ☆☆ |
| Crossroads | 10/17/06 | Yes | 1/1/07 | Yes | | | | | ☆☆ |
| Cumberland | 10/20/06 | Yes | 1/22/07 | Yes | | | | | ☆ |
| Durham | 10/20/06 | Yes | 1/20/07 | Yes | | | | | ☆☆ |
| Eastpointe | 10/9/06 | Yes | 1/19/07 | Yes | | | | | ☆☆ |
| Edgecombe-Nash | 10/20/06 | Yes | 1/16/07 | Yes | | | | | ☆☆ |
| Five County | 10/19/06 | Yes | 1/19/07 | Yes | | | | | ☆☆ |
| Foothills | 10/20/06 | Yes | 1/19/07 | Yes | | | | | ☆☆ |
| Guilford | 10/9/06 | Yes | 1/13/07 | Yes | | | | | ☆☆ |
| Johnston | 10/17/06 | Yes | 1/23/07 | Yes | | | | | ☆ |
| Mecklenburg | 10/17/06 | Yes | 1/23/07 | Yes | | | | | ☆ |
| Neuse | 10/19/06 | Yes | 1/16/07 | Yes | | | | | ☆☆ |
| New River | 10/20/06 | Yes | 1/22/07 | Yes | | | | | ☆ |
| Onslow-Carteret | 10/20/06 | Yes | 1/19/07 | Yes | | | | | ☆☆ |
| Orange-Person-Chatham | 10/31/06 | Yes | 1/29/07 | Yes | | | | | |
| Pathways | 10/9/06 | Yes | 1/22/07 | Yes | | | | | ☆ |
| Pitt | 10/11/06 | Yes | 1/25/07 | Yes | | | | | ☆ |
| Roanoke-Chowan | 10/20/06 | Yes | 1/18/07 | Yes | | | | | ☆☆ |
| Sandhills Center | 10/20/06 | Yes | 1/17/07 | Yes | | | | | ☆☆ |
| Smoky Mountain | 10/20/06 | Yes | 1/19/07 | Yes | | | | | ☆☆ |
| Southeastern Center | 10/10/06 | Yes | 1/18/07 | Yes | | | | | ☆☆ |
| Southeastern Regional | 10/18/06 | Yes | 1/18/07 | Yes | | | | | ☆☆ |
| Tideland | 10/20/06 | Yes | 1/16/07 | Yes | | | | | ☆☆ |
| Wake | 10/20/06 | Yes | 1/19/07 | Yes | | | | | ☆☆ |
| Western Highlands | 10/11/06 | Yes | 1/18/07 | Yes | | | | | ☆☆ |
| Wilson-Greene | 10/20/06 | Yes | 1/16/07 | Yes | | | | | ☆☆ |

Number and Pct of LMEs that met the Best Practice Standard:

21 (72.4%)

Number and Pct of LMEs that met the SFY 2007 Standard:

7 (24.1%)

Total

28 (96.6%)

Notes:

1. Dates that are shaded red indicate reports received >10 days after the due date.

Italicized dates with yellow shading are within 10 days after the due date.

2. The performance standard is an annual standard. Progress is reported quarterly.

☆ = On track for meeting the Current SFY Performance Contract Standard. ☆☆☆ = On track for meeting the Best Practice Standard.

★ = Met (End of Year) the Current SFY Performance Contract Standard. ★★ = Met (End of Year) the Best Practice Standard.

2006 - 2007 Performance Contract
Second Quarter Report
October 1, 2006 - December 31, 2006

Information Management, Analysis, and Reporting.
1.8.2.1. Consumer Information - Client Data Warehouse (CDW) - Admissions

Performance Requirement: LME submits required CDW record types by the 15th of each month. Submitted admission record (record type 11) are complete and accurate.

The table below shows the number of admissions for which data was submitted to the CDW as of January 31, 2007.

| Local Management Entity | Facility Code | OCT | NOV | DEC | Second Quarter Adm SFY2007 | Second Quarter Adm SFY2006 | Monthly Average SFY2007 | Monthly Average SFY2006 |
|-----------------------------|---------------|------------------------------------|--------------|--------------|----------------------------|----------------------------|-------------------------|-------------------------|
| Alamance-Caswell-Rockingham | 23051 | 184 | 156 | 117 | 457 | 326 | 152 | 109 |
| Albemarle | 43121 | 200 | 130 | 100 | 430 | 269 | 143 | 90 |
| Catawba | 13091 | 246 | 188 | 126 | 560 | 469 | 187 | 156 |
| CenterPoint | 23021 | 231 | 206 | 163 | 600 | 498 | 200 | 166 |
| CrossRoads | 23011 | 61 | 39 | 45 | 145 | 272 | 48 | 91 |
| Cumberland | 33051 | 250 | 210 | 144 | 604 | 949 | 201 | 316 |
| Durham | 23071 | 204 | 173 | 123 | 500 | 675 | 167 | 225 |
| Eastpointe | 43081 | 55 | 52 | 20 | 127 | 260 | 42 | 87 |
| Edgecombe-Nash | 43051 | 15 | 7 | 0 | 22 | 204 | 7 | 68 |
| Five County | 23081 | 31 | 35 | 17 | 83 | 556 | 28 | 185 |
| Foothills | 13051 | 125 | 93 | 60 | 278 | 267 | 93 | 89 |
| Guilford | 23041 | 276 | 235 | 155 | 666 | 716 | 222 | 239 |
| Johnston | 33071 | 110 | 125 | 104 | 339 | 440 | 113 | 147 |
| Mecklenburg | 13102 | 124 | 101 | 98 | 323 | 437 | 108 | 146 |
| Neuse | 43071 | 112 | 80 | 94 | 286 | 212 | 95 | 71 |
| New River | 13030 | 76 | 63 | 41 | 180 | 243 | 60 | 81 |
| Onslow-Carteret | 43021 | 233 | 243 | 173 | 649 | 278 | 216 | 93 |
| Orange-Person-Chatham | 23061 | 0 | 0 | 0 | 0 | 324 | 0 | 108 |
| Pathways | 13081 | 152 | 132 | 117 | 401 | 607 | 134 | 202 |
| Pitt | 43091 | Pitt reported CDW data under Neuse | | | | | | |
| Roanoke-Chowan | 43101 | 99 | 70 | 57 | 226 | 184 | 75 | 61 |
| Sandhills | 33031 | 324 | 226 | 136 | 686 | 933 | 229 | 311 |
| Smoky Mountain | 13010 | 8 | 0 | 2 | 10 | 953 | 3 | 318 |
| Southeastern Center | 43011 | 343 | 250 | 116 | 709 | 595 | 236 | 198 |
| Southeastern Regional | 33041 | 136 | 85 | 94 | 315 | 529 | 105 | 176 |
| Tideland | 43111 | 72 | 56 | 35 | 163 | 318 | 54 | 106 |
| Wake | 33081 | 333 | 248 | 132 | 713 | 459 | 238 | 153 |
| Western Highlands | 13131 | 234 | 315 | 175 | 724 | 1,112 | 241 | 371 |
| Wilson-Greene | 43041 | 43 | 19 | 10 | 72 | 61 | 24 | 20 |
| TOTAL ADMISSIONS | | 4,277 | 3,537 | 2,454 | 10,268 | 13,146 | 3,423 | 4,382 |

Data that are shaded are incomplete or appear to be inaccurate.

2006 - 2007 Performance Contract
Second Quarter Report
October 1, 2006 - December 31, 2006

Information Management, Analysis, and Reporting.
1.8.2.3. Consumer Information - Client Data Warehouse (CDW)
"Unknown" Value In Mandatory Fields

Performance Requirement: LME submits required CDW record types by the 15th of each month. Mandatory fields contain a value other than "unknown".

The table below shows the percentage of clients admitted during the prior quarter (July 1, 2006 - September 30, 2006) where all mandatory data fields contain a value other than 'unknown'.

Best Practice Standard: 100% of all mandatory data fields for the prior quarter contain a value other than "unknown".

SFY 2007 Standard: 90% of all mandatory data fields for the prior quarter contain a value other than "unknown".

| Local Management Entity | Area Code | County | Race | Ethnicity | Gender | Marital Status | Standard Met ² |
|-----------------------------|-----------|------------------------------------|------|-----------|--------|----------------|---------------------------|
| Alamance-Caswell-Rockingham | 205 | 100% | 100% | 100% | 100% | 100% | ★★ |
| Albemarle | 412 | 100% | 100% | 100% | 100% | 100% | ★★ |
| Catawba | 109 | 100% | 100% | 100% | 100% | 100% | ★★ |
| CenterPoint | 202 | 100% | 100% | 100% | 100% | 100% | ★★ |
| Crossroads | 201 | 100% | 100% | 100% | 100% | 100% | ★★ |
| Cumberland | 305 | 100% | 98% | 100% | 100% | 100% | ★ |
| Durham | 207 | 100% | 100% | 100% | 100% | 100% | ★★ |
| Eastpointe | 408 | 100% | 100% | 99% | 100% | 100% | ★ |
| Edgecombe-Nash | 405 | 100% | 100% | 97% | 100% | 100% | ★ |
| Five County | 208 | 100% | 99% | 100% | 100% | 86% | |
| Foothills | 105 | 100% | 100% | 100% | 100% | 100% | ★★ |
| Guilford | 204 | 100% | 100% | 100% | 100% | 100% | ★★ |
| Johnston | 307 | 100% | 100% | 100% | 100% | 100% | ★★ |
| Mecklenburg | 110 | 100% | 100% | 98% | 100% | 99% | ★ |
| Neuse | 407 | 100% | 100% | 96% | 100% | 100% | ★ |
| New River | 103 | 100% | 98% | 100% | 100% | 97% | ★ |
| Onslow-Carteret | 402 | 98% | 100% | 99% | 100% | 99% | ★ |
| Orange-Person-Chatham | 206 | 100% | 100% | 100% | 100% | 100% | ★★ |
| Pathways | 108 | 100% | 100% | 100% | 100% | 99% | ★ |
| Pitt | 409 | Pitt reported CDW data under Neuse | | | | | |
| Roanoke-Chowan | 410 | 100% | 100% | 100% | 100% | 100% | ★★ |
| Sandhills Center | 303 | 100% | 100% | 99% | 100% | 100% | ★ |
| Smoky Mountain | 101 | 100% | 99% | 99% | 100% | 99% | ★ |
| Southeastern Center | 401 | 100% | 100% | 99% | 100% | 100% | ★ |
| Southeastern Regional | 304 | 100% | 100% | 100% | 100% | 100% | ★★ |
| Tideland | 411 | 100% | 100% | 100% | 100% | 100% | ★★ |
| Wake | 308 | 100% | 99% | 100% | 100% | 99% | ★ |
| Western Highlands | 113 | 100% | 100% | 100% | 100% | 100% | ★★ |
| Wilson-Greene | 404 | 100% | 100% | 100% | 100% | 98% | ★ |

Number and Pct of LMEs that met the Best Practice Standard:

Number and Pct of LMEs that met the SFY 2007 Standard: _____
Total

14 (50%)

13 (46.4%)

27 (96.4%)

Notes:

1. Percentages less than 90% are shaded red.

2. ★ = Met the Current SFY Performance Contract Standard. ★★ = Met the Best Practice Standard.

Information Management, Analysis, and Reporting.
1.8.2.4. Consumer Information - Client Data Warehouse (CDW)
Identifying and Demographic Records

Performance Requirement: LME submits required CDW record types by the 15th of each month. Open clients who are enrolled in a target population and receive a billable service will have a completed identifying record (record type 10) and completed demographic record (record type 11) in CDW within 30 days of the beginning date of service on the paid claim record.

The table below shows the percentage of clients admitted during the prior quarter (July 1, 2006 - September 30, 2006) with an identifying record and demographic record completed within 30 days of the beginning date of service.

Best Practice Standard: 100% of open clients who are enrolled in a target population and receive a billable service have completed identifying and demographic records within 30 days of the beginning date of service.
SFY 2007 Standard: 90% of open clients who are enrolled in a target population and receive a billable service have completed identifying and demographic records within 30 days of the beginning date of service.

| Local Management Entity | Area Code | Percent With Records Completed Within 30 Days | Standard Met ² |
|-----------------------------|-----------|---|---------------------------|
| Alamance-Caswell-Rockingham | 205 | 95% | ★ |
| Albemarle | 412 | 98% | ★ |
| Catawba | 109 | 93% | ★ |
| CenterPoint | 202 | 99% | ★ |
| Crossroads | 201 | 95% | ★ |
| Cumberland | 305 | 100% | ★★ |
| Durham | 207 | 99% | ★ |
| Eastpointe | 408 | 79% | |
| Edgecombe-Nash | 405 | 93% | ★ |
| Five County | 208 | 81% | |
| Foothills | 105 | 98% | ★ |
| Guilford | 204 | 100% | ★★ |
| Johnston | 307 | 99% | ★ |
| Mecklenburg | 110 | 85% | |
| Neuse | 407 | 92% | ★ |
| New River | 103 | 73% | |
| Onslow-Carteret | 402 | 77% | |
| Orange-Person-Chatham | 206 | 86% | |
| Pathways | 108 | 82% | |
| Pitt | 409 | Pitt reported CDW data under Neuse | |
| Roanoke-Chowan | 410 | 100% | ★★ |
| Sandhills Center | 303 | 97% | ★ |
| Smoky Mountain | 101 | 91% | ★ |
| Southeastern Center | 401 | 79% | |
| Southeastern Regional | 304 | 92% | ★ |
| Tideland | 411 | 93% | ★ |
| Wake | 308 | 93% | ★ |
| Western Highlands | 113 | 99% | ★ |
| Wilson-Greene | 404 | 91% | ★ |

Number and Pct of LMEs that met the Best Practice Standard:

3 (10.7%)

Number and Pct of LMEs that met the SFY 2007 Standard:

17 (60.7%)

Total

20 (71.4%)

Notes:

1. Percentages less than 90% are shaded red.

2. ★ = Met the Current SFY Performance Contract Standard. ★★ = Met the Best Practice Standard.

Information Management, Analysis, and Reporting.
1.8.2.5. Consumer Information - Client Data Warehouse (CDW)
Drug Of Choice Data

Performance Requirement: LME submits required CDW record types by the 15th of each month. A drug of choice record (record type 17) is completed within 60 days of the beginning date of service for clients enrolled in any of the following target populations: ASDHH, ASCDR, ASCJO, ASDSS, ASDWI, ASHMT, ASWOM, CSSAD, CSWOM, CSCJO, CSDWI, CSMAJ, and all other consumers with a SA diagnosis.

The table below shows the percentage of open clients in the designated target populations (July 1, 2006 - September 30, 2006) with a drug of choice record completed within 60 days of the beginning date of service.

Best Practice Standard: 100% of open clients in the designated target populations have a drug of choice record completed within 60 days.
SFY 2007 Standard: 90% of open clients in the designated target populations have a drug of choice record completed within 60 days.

| Local Management Entity | Area Code | Percent With Records Completed Within 60 Days | Standard Met ² |
|-----------------------------|-----------|---|---------------------------|
| Alamance-Caswell-Rockingham | 205 | 94% | ★ |
| Albemarle | 412 | 89% | |
| Catawba | 109 | 99% | ★ |
| CenterPoint | 202 | 99% | ★ |
| Crossroads | 201 | 94% | ★ |
| Cumberland | 305 | 100% | ★★ |
| Durham | 207 | 100% | ★★ |
| Eastpointe | 408 | 79% | |
| Edgecombe-Nash | 405 | 83% | |
| Five County | 208 | 78% | |
| Foothills | 105 | 100% | ★★ |
| Guilford | 204 | 100% | ★★ |
| Johnston | 307 | 98% | ★ |
| Mecklenburg | 110 | 54% | |
| Neuse | 407 | 90% | ★ |
| New River | 103 | 93% | ★ |
| Onslow-Carteret | 402 | 96% | ★ |
| Orange-Person-Chatham | 206 | 88% | |
| Pathways | 108 | 70% | |
| Pitt | 409 | Pitt reported CDW data under Neuse | |
| Roanoke-Chowan | 410 | 100% | ★★ |
| Sandhills Center | 303 | 92% | ★ |
| Smoky Mountain | 101 | 11% | |
| Southeastern Center | 401 | 75% | |
| Southeastern Regional | 304 | 98% | ★ |
| Tideland | 411 | 96% | ★ |
| Wake | 308 | 98% | ★ |
| Western Highlands | 113 | 99% | ★ |
| Wilson-Greene | 404 | 97% | ★ |

Number and Pct of LMEs that met the Best Practice Standard:

5 (17.9%)

Number and Pct of LMEs that met the SFY 2007 Standard:

14 (50%)

Total

19 (67.9%)

Notes:

1. Percentages less than 90% are shaded red.

2. ★ = Met the Current SFY Performance Contract Standard. ★★ = Met the Best Practice Standard.

Information Management, Analysis, and Reporting.
1.8.2.7. Consumer Information - DD Client Outcomes Inventory (DD-COI)
Initial Assessments

Performance Requirement: The LME, through providers, will collect outcomes information on its consumers following sampling methods and reporting schedules for the instrument being used. The instrument used will depend on the type of consumer. The DD COI is required for consumers ages 6 and over with a primary disability of DD whose case number ends in 3 or 6 (20% sample). The expected number of initial forms is the number of active consumers in the CDW in this age and disability group with case numbers ending in 3 or 6.

Best Practice Standard: 100% of the expected initial COI assessments are submitted within the timeframes specified in the COI manual.
SFY 2007 Standard: 90% of the expected initial COI assessments are submitted within the timeframes specified in the COI manual.

| Local Management Entity | Expected # of Initial COI Assessments | Actual # of Initial COI Assessments Submitted | % of Expected COIs Submitted ¹ | Standard Met ² |
|-----------------------------|---------------------------------------|---|---|---------------------------|
| Alamance-Caswell-Rockingham | 0 | | | |
| Albemarle | 2 | 0 | 0.0% | |
| Catawba | 1 | 0 | 0.0% | |
| CenterPoint | 2 | 0 | 0.0% | |
| Crossroads | 3 | 1 | 33.3% | |
| Cumberland | 0 | 0 | | |
| Durham | 0 | | | |
| Eastpointe | 0 | | | |
| Edgecombe-Nash | 1 | 0 | 0.0% | |
| Five County | 1 | 0 | 0.0% | |
| Foothills | 0 | | | |
| Guilford | 0 | | | |
| Johnston | 1 | 0 | 0.0% | |
| Mecklenburg | 0 | | | |
| Neuse | 17 | 0 | 0.0% | |
| New River | 0 | | | |
| Onslow-Carteret | 0 | | | |
| Orange-Person-Chatham | 0 | | | |
| Pathways | 0 | | | |
| Pitt | 0 | | | |
| Roanoke-Chowan | 0 | | | |
| Sandhills Center | 2 | 1 | 50.0% | |
| Smoky Mountain | 0 | | | |
| Southeastern Center | 1 | 0 | 0.0% | |
| Southeastern Regional | 0 | | | |
| Tideland | 2 | 0 | 0.0% | |
| Wake | 1 | 1 | 100.0% | ★★ |
| Western Highlands | 1 | 0 | 0.0% | |
| Wilson-Greene | 0 | | | |
| Totals | 35 | 3 | 8.6% | |

Number and Pct of LMEs that met the Best Practice Standard:

1 (7.7%)

Number and Pct of LMEs that met the SFY 2007 Standard:

0 (0%)

Total

1 (7.7%)

Notes:

1. Percentages less than 90% are shaded red.

2. ★ = Met the Current SFY Performance Contract Standard. ★★ = Met the Best Practice Standard.

Information Management, Analysis, and Reporting.
1.8.2.9. Consumer Information - NC Treatment Outcomes and Program Performance System (NC-TOPPS)
Initial Assessments

Performance Requirement: The LME, through providers, will collect outcomes information on its consumers following sampling methods and reporting schedules for the instrument being used. The instrument used will depend on the type of consumer. The NC-TOPPS is required for all MH/SA consumers ages six and older and shall be entered in the web-based system within 30 days of completion of the assessment as specified in the NC-TOPPS Implementation Guidelines. The expected number of initial assessments will be based on the number of consumers in the relevant target populations for whom services are reimbursed through the IPRS or MMIS reimbursement systems⁴ during the time period under review. To ensure accuracy and completeness, data reported below are for two quarters ago (time-lagged two quarters).

Best Practice Standard: 100% of the expected initial forms are received on time.
SFY 2007 Standard: 90% of the expected initial forms are received on time.

| Local Management Entity | Expected # of Initial Assessments ³ | Criterion 1: Receipt | | Criterion 2: Timeliness | | Standard Met ² |
|-----------------------------|--|-----------------------------------|---|---|---|---------------------------|
| | | # of Initial Assessments Received | % of Expected Assessments Received ¹ | # of Initial Assessments Received On-Time | % of Expected Assessments Received On-Time ¹ | |
| Alamance-Caswell-Rockingham | 79 | 30 | 38.0% | | | |
| Albemarle | 80 | 73 | 91.3% | | | ★ |
| Catawba | 154 | 133 | 86.4% | | | |
| CenterPoint | 188 | 12 | 6.4% | | | |
| Crossroads | 106 | 53 | 50.0% | | | |
| Cumberland | 164 | 113 | 68.9% | | | |
| Durham | 53 | 38 | 71.7% | | | |
| Eastpointe | 50 | 22 | 44.0% | | | |
| Edgecombe-Nash | 60 | 45 | 75.0% | | | |
| Five County | 63 | 35 | 55.6% | | | |
| Foothills | 14 | 8 | 57.1% | | | |
| Guilford | 177 | 111 | 62.7% | | | |
| Johnston | 113 | 112 | 99.1% | | | ★ |
| Mecklenburg | 0 | 0 | | | | |
| Neuse | 8 | 8 | 100.0% | | | ★★ |
| New River | 104 | 41 | 39.4% | | | |
| Onslow-Carteret | 7 | 7 | 100.0% | | | ★★ |
| Orange-Person-Chatham | 37 | 11 | 29.7% | | | |
| Pathways | 71 | 24 | 33.8% | | | |
| Pitt | 19 | 9 | 47.4% | | | |
| Roanoke-Chowan | 34 | 18 | 52.9% | | | |
| Sandhills Center | 140 | 89 | 63.6% | | | |
| Smoky Mountain | 0 | 0 | | | | |
| Southeastern Center | 66 | 31 | 47.0% | | | |
| Southeastern Regional | 77 | 52 | 67.5% | | | |
| Tideland | 34 | 30 | 88.2% | | | |
| Wake | 183 | 60 | 32.8% | | | |
| Western Highlands | 212 | 94 | 44.3% | | | |
| Wilson-Greene | 61 | 38 | 62.3% | | | |
| Totals | 2,354 | 1,297 | 55.1% | | | |

The timeliness criterion was not used to determine whether or not the performance standard was met this quarter.

Number and Pct of LMEs that met the Best Practice Standard:

2 (7.4%)

Number and Pct of LMEs that met the SFY 2007 Standard:

2 (7.4%)

Total

4 (14.8%)

Notes:

1. Percentages less than 90% are shaded red.

2. ★ = Met the Current SFY Performance Contract Standard. ★★ = Met the Best Practice Standard.

3. The expected number of initial assessments is based on the number of consumers receiving services as members of defined target populations, reduced by the number of exempt consumers reported by the LME or an estimate of the number of consumers to be exempted, whichever was greater.

4. The expected and actual numbers of initial assessments this quarter are based on consumers for whom claims were reimbursed through the IPRS system only.

Information Management, Analysis, and Reporting.
1.8.2.10. Consumer Information - NC Treatment Outcomes and Program Performance System (NC-TOPPS)
Update Assessments

Performance Requirement: The LME, through providers, will collect outcomes information on its consumers following sampling methods and reporting schedules for the instrument being used. The instrument used will depend on the type of consumer. The NC-TOPPS is required for all MH/SA consumers ages six and older and shall be entered in the web-based system within 30 days of completion of the assessment as specified in the NC-TOPPS Implementation Guidelines. An update assessment must be completed within two weeks before or after the required update month (e.g. 3-months, 6-months, 12-months, 18-months, etc). All update assessments shall be complete and accurate. The DMH/DD/SAS shall annually sample consumers with initial assessments to determine the timeliness and accuracy of 3-month update assessments. The 3-month update assessments shall be administered between 76 and 104 days after the initial assessment. To ensure accuracy and completeness, data reported below are for two quarters ago (time-lagged two quarters).

Best Practice Standard: 100% of the expected update forms are received and are timely.
SFY 2007 Standard: 90% of the expected update forms are received and are timely.

| Local Management Entity | Expected # of Update Instruments | Receipt | | Timeliness | | Standard Met ² |
|-----------------------------|----------------------------------|----------------------------------|---|--|---|---------------------------|
| | | # of Update Assessments Received | % of Expected Assessments Received ¹ | # of Update Assessments Received On-Time | % of Expected Assessments Received On-Time ¹ | |
| Alamance-Caswell-Rockingham | 684 | 311 | 45.5% | 141 | 20.6% | |
| Albemarle | 547 | 503 | 92.0% | 403 | 73.7% | |
| Catawba | 474 | 366 | 77.2% | 221 | 46.6% | |
| CenterPoint | 608 | 485 | 79.8% | 224 | 36.8% | |
| Crossroads | 576 | 263 | 45.7% | 100 | 17.4% | |
| Cumberland | 618 | 281 | 45.5% | 148 | 23.9% | |
| Durham | 547 | 340 | 62.2% | 193 | 35.3% | |
| Eastpointe | 288 | 169 | 58.7% | 93 | 32.3% | |
| Edgecombe-Nash | 189 | 82 | 43.4% | 77 | 40.7% | |
| Five County | 702 | 561 | 79.9% | 325 | 46.3% | |
| Foothills | 442 | 407 | 92.1% | 218 | 49.3% | |
| Guilford | 1,076 | 871 | 80.9% | 426 | 39.6% | |
| Johnston | 728 | 715 | 98.2% | 515 | 70.7% | |
| Mecklenburg | 783 | 760 | 97.1% | 601 | 76.8% | |
| Neuse | 126 | 119 | 94.4% | 60 | 47.6% | |
| New River | 400 | 178 | 44.5% | 120 | 30.0% | |
| Onslow-Carteret | 591 | 106 | 17.9% | 23 | 3.9% | |
| Orange-Person-Chatham | 203 | 163 | 80.3% | 79 | 38.9% | |
| Pathways | 650 | 446 | 68.6% | 220 | 33.8% | |
| Pitt | 420 | 118 | 28.1% | 54 | 12.9% | |
| Roanoke-Chowan | 314 | 219 | 69.7% | 80 | 25.5% | |
| Sandhills Center | 984 | 716 | 72.8% | 459 | 46.6% | |
| Smoky Mountain | 167 | 75 | 44.9% | 49 | 29.3% | |
| Southeastern Center | 682 | 679 | 99.6% | 522 | 76.5% | |
| Southeastern Regional | 629 | 457 | 72.7% | 278 | 44.2% | |
| Tideland | 222 | 176 | 79.3% | 70 | 31.5% | |
| Wake | 882 | 399 | 45.2% | 210 | 23.8% | |
| Western Highlands | 930 | 355 | 38.2% | 174 | 18.7% | |
| Wilson-Greene | 211 | 135 | 64.0% | 83 | 39.3% | |
| Totals | 15,673 | 10,455 | 66.7% | 6,166 | 39.3% | |

Number and Pct of LMEs that met the Best Practice Standard:

0 (0%)

Number and Pct of LMEs that met the SFY 2007 Standard:

0 (0%)

Total

0 (0%)

Notes:

1. Percentages less than 90% are shaded red.

2. ★ = Met the Current SFY Performance Contract Standard. ★★ = Met the Best Practice Standard.

Information Management, Analysis, and Reporting.
1.8.2.13. Consumer Information - NC Support Needs Assessment Profile (NC-SNAP)

Performance Requirement: The LME, through providers, will submit to DMH/DD/SAS, by the 15th of each month, an electronically transmitted file (SQL or FTP) containing current assessment forms for all consumers receiving or requesting DD services.

Best Practice Standard: 95% of current assessments are no more than 15 months old.

SFY 2007 Standard: 90% of current assessments are no more than 15 months old.

| Local Management Entity | Currency Of Assessments | | | Standard Met ² |
|-----------------------------|-------------------------|------------------------------|---|---------------------------|
| | # Received | # No More Than 15 Months Old | % No More Than 15 Months Old ¹ | |
| Alamance-Caswell-Rockingham | 645 | 626 | 97.1% | ★★ |
| Albemarle | 342 | 328 | 95.9% | ★★ |
| Catawba | 368 | 364 | 98.9% | ★★ |
| CenterPoint | 1,034 | 1,032 | 99.8% | ★★ |
| Crossroads | 567 | 511 | 90.1% | ★ |
| Cumberland | 835 | 531 | 63.6% | |
| Durham | 653 | 604 | 92.5% | ★ |
| Eastpointe | 1,016 | 754 | 74.2% | |
| Edgecombe-Nash | 339 | 330 | 97.3% | ★★ |
| Five County | 663 | 657 | 99.1% | ★★ |
| Foothills | 535 | 492 | 92.0% | ★ |
| Guilford | 1,705 | 1,084 | 63.6% | |
| Johnston | 353 | 350 | 99.2% | ★★ |
| Mecklenburg | 1,848 | 1,800 | 97.4% | ★★ |
| Neuse | 486 | 475 | 97.7% | ★★ |
| New River | 502 | 493 | 98.2% | ★★ |
| Onslow-Carteret | 694 | 361 | 52.0% | |
| Orange-Person-Chatham | 855 | 784 | 91.7% | ★ |
| Pathways | 1,525 | 1,390 | 91.1% | ★ |
| Pitt | 492 | 491 | 99.8% | ★★ |
| Roanoke-Chowan | 327 | 295 | 90.2% | ★ |
| Sandhills Center | 1,096 | 980 | 89.4% | |
| Smoky Mountain | 468 | 318 | 67.9% | |
| Southeastern Center | 868 | 847 | 97.6% | ★★ |
| Southeastern Regional | 941 | 781 | 83.0% | |
| Tideland | 560 | 273 | 48.8% | |
| Wake | 2,075 | 1,682 | 81.1% | |
| Western Highlands | 1,502 | 1,437 | 95.7% | ★★ |
| Wilson-Greene | 376 | 194 | 51.6% | |
| Totals | 23,670 | 20,264 | 85.6% | |

Number and Pct of LMEs that met the Best Practice Standard:

Number and Pct of LMEs that met the SFY 2007 Standard:

Total

13 (44.8%)

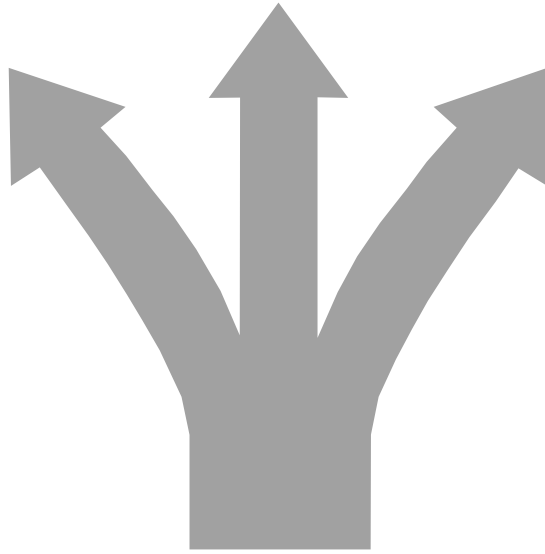
6 (20.7%)

19 (65.5%)

Notes:

1. Percentages less than 90% are shaded red.

2. ★ = Met the Current SFY Performance Contract Standard. ★★ = Met the Best Practice Standard.



Please give us feedback so we can improve these reports by making them more informative and more useful to you!

Michael Schwartz or Terrie Qadura
Quality Management Team
Community Policy Management Section
North Carolina Department of Health and Human Services
Division of Mental Health, Developmental Disabilities, and Substance Abuse Services
3004 Mail Service Center
Raleigh, North Carolina 27699-3004

(919) 733-0696
Email: ContactDMHQuality@ncmail.net

The Division's Web Page --- <http://www.dhhs.state.nc.us/mhddsas/>

No copies of this document were printed. This report was distributed electronically by email and through the Division's web page.